A War on Which Women?: Constructing Women's Interests in the Contraception Mandate Rulemaking

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Abstract. This paper examines how women and their advocates constructed "women's political interests" from the competing claims they advanced when they submitted comments during the 2012-2013 rulemaking process that implemented the contraception mandate. It uses automated text search coding, qualitative coding, and latent dirichlet allocation (LDA) analyses of 1,963 comments that interested organizations (including women's organizations) and individual women submitted to determine how women and their advocates referred to women in their comments and whether women's organizations provided a form of compensatory representation that adequately represented the concerns of American women more broadly. In general, I find that women and their advocates most often presented women's interests in broad, universal terms because those terms allowed them to demonstrate they had a broad base of support when majoritarian and electoral considerations entered into the rulemaking process. Similarly, references to particular subgroups of women were relatively rare, with the most common references to subsets of women focusing on women's ages and roles within the traditional family. Lastly, women's organizations were more likely than other organizations and individual women to mention women and particular subsets of women, indicating that they do serve as compensatory representatives for women. However, the quality of that representation is up for debate since women's organizations also often downplayed the concerns of women outside of the traditional family, women of color, and low-income women as they attempted to broaden women's access to contraception.

INTRODUCTION

In February 2011, a *New York Times* editorial declared the "The War on Women" had begun after the Republican-controlled House of Representatives passed its budget bill, which eliminated support for programs that provided low-income women with access to FDA-approved contraception, breast and cervical cancer screenings, pregnancy testing; screenings for sexually transmitted infections; barred funding for Planned Parenthood; and reinstated the global gag rule forbidding federal funding for non-governmental organizations that provide information about abortions. Though the *Times* editorial responded specifically to the House's budget bill, over the next few years, many other media sources and political commenters also used the "War on Women" language to refer to a series of Republican-led efforts to limit women's reproductive rights that occurred in a number of policymaking venues, not just the US Congress. As Republicans pursued more and more of these policies and challenged efforts to expand access to contraception and abortion, the Democratic Party and organizations such as Planned Parenthood adopted the "War on Women" language to drive their fundraising efforts and to mobilize women to support their causes during the 2012 and 2014 election cycles. Ultimately, this language was used to describe state-level policies limiting women's access to abortion; inappropriate comments that Republican men made about rape and abortion; and Republican resistance to the contraception mandate, a rule implementing provisions of the Affordable Care Act designed to provide women with contraceptive coverage at no cost.

Despite Democrats' and feminists' highly visible efforts to use the "War on Women" language to position themselves as the true defenders of women's universal, shared interest in access to abortions and contraception, the concept of the "War on Women" has been deeply contested from the start. Shortly after the term became popular, the *Washington Post* published an article titled, "A 'War on Women' Not to Them," which explained how conservative women attending the

Republican National Convention were unswayed by this language (McCrummen 2012). Conservative critics also suggested that the "War on Women" language did not address the concerns of all women because it implied that "all women care more about contraception and reproductive rights above all other issues, which is not the case" (Parker 2010). Meanwhile, others on the left highlighted the fact that the policies related to the "War on Women" were unlikely to apply to all women equally because low-income women and women of color have more trouble securing access to healthcare than their white counterparts. For example, Zoë Carpenter (2014), writing in the *Nation* claimed, "What's increasingly clear is that the damages of this 'war' are, like illness, borne by certain women more than others."

Recent arguments over which women the rhetorical "War on Women" serves reveal that political actors' attempts to speak on behalf of *all* women should be seen as political actors' strategic attempts to advance the claims of *some* subsets of women, in order to achieve their political goals within particular policymaking contexts. Since the debates about the "War on Women" occurred in a number of policymaking venues, not just the halls of Congress, the rise of this rhetoric also suggests that scholars seeking to understand how, when, and why women are represented in American politics need to shift from asking whether or not female legislators represent their female constituents to examining how and when different political actors deploy different conceptions of women's interests to achieve their policymaking goals (Celis et al. 2014). Building on these insights, this paper examines how women's organizations, organizations more broadly,[1] and individual women constituted women's political interests by advancing competing ideas about which policy proposals best address women's needs and concerns during the rulemaking process that implemented the contraception mandate.

[1] A set of participants that includes houses of worship; religiously affiliated schools, hospitals, or charities; labor organizations; legal advocacy organizations; professional associations representing healthcare workers; health insurers;

Although rulemaking is relatively unfamiliar and invisible to most Americans, it is an important component of the policymaking process. Rulemaking occurs after a law is enacted in Congress when bureaucrats who work in federal agencies "fill-in" the technical and seemingly minor details that are needed for policies to be implemented (Epstein and O'Halloran 1999; Furlong 1998; Huber and Shipan 2002). Bureaucrats complete this task by drafting a proposed rule, publishing it in the *Federal Register*, collecting comments on the proposed rule from interested citizens and organizations, and then using that public feedback to write the final implementing rule. Since the Administrative Procedures Act of 1946 requires bureaucrats to collect comments from all interested citizens and organizations, not just those who have access to their members of Congress (MCs), the rulemaking process may be more accessible to women and their advocates than the legislative process. The subterranean, technical, and complex nature of the rulemaking process also provides women and their advocates with a way to create meaningful policy change even as electoral concerns related to rising levels of gridlock and partisan polarization have stalled the passage of legislation in Congress (Arnold 1992; Binder 1999, 2003; Hacker 2002; Metter 2011; Mansbridge and Martin 2013; Theirault 2008). As a result, on most rulemakings related to women's issues, bureaucrats should be free from the kinds of electoral and majoritarian pressures that typically force policymakers to focus on the concerns of women in broad, universal terms and they should be able to focus on the interests of intersectionally disadvantaged women and/or particular controversial subsets of women.

The rulemaking process also provides a unique opportunity to study the ways that women and their advocates strategically deploy particular conceptions of women's interests because it provides scholars with access to **all** of the publicly submitted comments that bureaucrats receive on a given policy proposal, not just the communications that organizations or MCs make public using their websites, the media, or other means. Since the mid-2000s, all of the cabinet-level departments

have participated in the e-rulemaking program and made all of the comments that they received available to download on the regulations.gov website. This paper takes advantage of these publicly available sets of comments by examining how women and their advocates represented women's interests during the process that developed the rule that implemented the contraception mandate.

The conception mandate implements provisions of the Affordable Care Act that require group insurance plans to provide "all women with reproductive capacity" with coverage for all Food and Drug Administration (FDA) approved contraceptive methods, sterilization procedures, patient education, and counseling without cost-sharing or co-pays. Three agencies, the Department of Health and Human Services (HHS), the Internal Revenue Service (IRS), and the Employee Benefits Security Administration (EBSA) at the Department of Labor (DOL) collected comments on the proposed rule twice: once in response to their Advanced Notice of Proposed Rulemaking, issued on March 21, 2012, and once in response to their Proposed Rule, issued on February 6, 2013. The final rule was published on July 2, 2013. Throughout the process, the agencies received 472,082 comments. I analyze 1,963 those comments all using three types of analysis: automated text search coding of the terms used to refer to women in the comments that all organizations (including women's organizations) and all individual women submitted; qualitative coding of references to particular subsets of women and intersectionality in all of the women's organizations' comments; and latent dirichlet allocation (LDA) analysis of all of the comments that individual women submitted. LDA analysis is a form of automated text analysis that is used to sort a set of documents, into a pre-existing set of topics and it helps identify the different kinds of issues that were discussed.

I use these analyses of the comments to answer a series of questions about how women and their advocates strategically deploy particular conceptions of women's interests in particular policymaking contexts. First, I analyze the comments to identify how women and their advocates advanced particular conceptions of women's political interests in the comments by identifying how

and when these commenters referred to women and different subsets of women in their comments. Given the high levels of attention, controversy, and participation that this rulemaking attracted, I expect to find that the entire set of publicly submitted comments contains references to a number of different types of women. However, I also expect that the most common references to women will be references that present women as a universal, homogenous group with a shared set of interests. Thus, nuanced, in-depth references to intersectionality will be relatively rare. These universal constructions of women's interests should be the most common among women and their advocates because policymaking contexts defined by high-levels of attention and controversy force rulemakers to take the unusual step of considering the same kinds of electoral and majoritarian policymaking pressures that MCs face. As a result, commenters should attempt to convince bureaucrats to accept their proposals by claiming that they speak on behalf of most, if not all, women.

Second, I examine how references to women and their interests differ between women's organizations and other organizations, as well as women's organizations and individual women, to better understand how women's organizations provide women with a form of compensatory representation during the rulemaking process. In general, I expect that women's organizations will be more likely than other organizations and individual women to refer to subsets of women because they were explicitly designed to represent women's interests and they have long been critiqued for focusing on the concerns of relatively advantaged, middle and upper class, white, heterosexual women. Women's organizations generally submitted longer, higher quality comments than individual women did, and those comments should be more likely to refer to many different types of women. Meanwhile, individual women's comments tended to focus on a woman's own attitudes and experiences, limiting their ability to speak to the concerns of a broad array of women.

RETHINKING WOMEN'S POLITICAL INTERESTS AND REPRESENTATION

Although many theories of women's political representation assume that women have universal, shared political interests that have developed out of their shared interactions with the sexual division of labor, women's subordinate status to men, and/or other features of the social and political environment (Diamond and Hartsock 1981; Sapiro 1981), I begin with an opposing assumption that women's political interests are actually unstable and shifting depending on which types of arguments about women's interests are likely to be a good strategic fit for the levels of attention and controversy that characterize a particular policymaking context. The assumption that women's interests are shifting, unstable, and contingent falls in line with more recent work from feminist theorists that suggests that it is virtually impossible to advance universal conceptions of women's interests, given the diversity of women's experiences and their multiple overlapping identities in terms of race, ethnicity, sexuality, class, age, ability status, ideology, and partisan identifications (Anzaldúa 2007; Crenshaw 1989; Glenn 1999; Hill Collins 2006; hooks 1994; Lorde 2007; Mohanty 1988, 2003; Schreiber 2002; Strolovitch 2007; Young 1994, 2000). The diversity of ways that women experience their intersecting identities also means that any conception of women's interests is necessarily partial and incomplete, since it will be based on the unique experiences of a particular subset of women, usually the subset of relatively advantaged women that has been able to mobilize and organize politically (Anzaldúa 2007; Crenshaw 1989; Glenn 1999; Hill Collins 2006; hooks 1994; Lorde 2007; Mohanty 1988, 2003; Strolovitch 2007; Young 1994, 2000).

My assumption that women's interests are inherently partial, unstable, shifting, and contingent fits with the developing literature that suggests group interests are better understood as sites of ongoing political contestation that respond to existing political opportunities and challenges (Beltrán 2010; Brubaker 2004). Thus, women's interests do not exist prior to politics where they wait to be expressed and represented by female representatives; they are created through ongoing

interactions between group members and their advocates that occur both inside and outside of electoral institutions, such as Congress (Beltrán 2010; Celis et al. 2014). The shifting and contingent aspects of group identity also suggest that any conception of a group's interests is likely to contain strategic components. For example, Beltrán's (2010) study of Latino political identity found that Latino political elites often portray Latinos as "a large and cohesive group capable of being mobilized by a recognizable set of issues" because American politics generally reward large, broad-based, national interest groups. Similarly, Mohanty (2003) explains that "the category of women is constructed in a variety of political contexts that often exist simultaneously and overlaid on top of one another" (32). As a result, constructions of women's political interests are likely to be deeply shaped by the policymaking context in ways that allow women and their advocates to achieve their political and/or policymaking goals. In this sense, the process of creating a dominant conception of women's interests in a particular policymaking context can also be seen as a significant political accomplishment that is part of what Brubaker (2004) calls a "social, cultural, and political project, aimed at transforming group categories into groups" (13).

This strategic, shifting, contingent approach to women's group interests also fits well with newer conceptions of representation and the state that go far beyond existing approaches to representation that examine whether women's elected representatives or female bureaucrats substantively or actively represent women by advancing particular policy proposals. In the bureaucratic context, these studies typically assume that women's active representation occurs when two necessary, but not sufficient conditions are met: when bureaucrats have the authority to shape policy outputs to benefit women and when bureaucrats work on policy issues that benefit women (Keiser et al. 2002; Riccuci and Meyers 2004; Wilkins 2006; Wilkins and Keiser 2006). I complicate these existing approaches to representation by assuming that bureaucrats cannot substantively or actively represent ***all*** women, since one fixed, pre-existing conception of women's interests does not

exist. Instead, bureaucrats, at best, can only represent some subsets of women and they are forced to make decisions about which women's interests to represent and advance within a women's policy issues network[2] where a diverse set of women's organizations, including older-style, chapter-based federation associations, feminist groups, a rising number of occupationally-based groups, groups for minority women, and conservative groups (Goss 2013; Schreiber 2002); government officials focused on women's issues (e.g. women's policy agencies, the Congressional Caucus on Women's Issues, the White House Council on Women and Girls); researchers; academics; think tanks; and ordinary citizens that all advance different, competing claims about which policy proposals best serve women's interests. Hence, the diversity of the women's policy issue network and the competition within that network about how to define women's interests further ensures that it will be virtually impossible for bureaucrats' choices about their final rules to represent the concerns of ***all*** women. These decisions about which women to represent take on an extra level of importance, given research that convincingly shows that the rules and procedures associated with many social welfare policies play an important role in determining which citizens are represented, organize and participate politically, and are incorporated into our national understandings of citizenship (Campbell 2003; Mettler 1998, 2007; Mink 1996; Mettler and Soss 2004; Pierson 1993, 2004; Schneider and Ingram 1993; Skocpol 1992; Soss 1996). These choices about which citizens' interests are and are not represented can also have important and long lasting consequences, since they can allow powerful and advantaged groups to institutionalize policies in ways that help them secure the kinds of durable wins that reinforce their own power and privilege (Patashnik 2008; Pierson 1993). Therefore, bureaucrats' decisions about which women's interests to support and legitimize in their proposed and final rules and which women's interests to leave out play an important role in

[2] These issue networks tend to be comprised of a large number of participants that move and in and out of the policy environment, that have a number of strong connections to intellectual or emotional commitments, that emphasize technical expertise, and that express a large number of competing demands (Heclo 1978).

determining which women are fully represented and incorporated as American citizens. The importance of these decisions also gives women and their advocates an incentive to portray women's interests in ways that are mostly likely to resonate with bureaucrats in a particular policymaking context.

Since traditional studies of women's representation focus on the representation of a pre-existing set of women's interests within the legislative or bureaucratic context and they cannot account for the ways that women's interests are strategically constructed in particular contexts, I argue for an approach to women's representation that focuses on how women's interests are constructed from the ground up through interactions between citizens, organizations, and bureaucrats in the rulemaking process. Thus, I build on newer feminist theories that see "the state" as a diverse set of policymaking venues with their own particular gendered arrangements, rather than a monolithic oppressive force (Haney 1996; 2000), to argue that women and their advocates are successful in the policymaking process when they advance conceptions of women's group interests that "fit" with the unique opportunities and challenges that exist in different policymaking venues.

By moving beyond the legislative context, I also examine whether or not women's organizations can provide women with forms of representation that help them overcome their chronic underrepresentation in the legislative arena due to a two-party, winner-take-all system that tends to limit women's formal representation (Strolovitch 2007). Women's organizations and social movements typically provide this compensatory representation by articulating group interests and framing issues in ways that help the group develop a shared sense of linked fate while also softening up the ground for future political changes by reinterpreting, rethinking, and rewriting political norms and practices (Katzenstein 1998; Kenney 2003; Strolovitch 2007; Weldon 2011). Unfortunately, existing work on women's organizations finds that they may further contribute to women's underrepresentation because they are the most active on issues that affect their most advantaged

group members, which they claim will benefit all group members equally, and they are less active on disadvantaged group issues that they claim only affect a relatively small number of people (Strolovitch 2007). As a result, women's groups and advocacy organizations may actually contribute to what Cathy Cohen (1999) refers to as the "advanced marginalization" of their intersectionally disadvantaged group members, such as women of color, lesbians, poor or working class women, or disabled women. This advanced marginalization occurs when relatively advantaged group members feel pressure to portray group interests in ways that suggest women's interests are congruent with dominant norms and values (Cohen 1999). Thus the existing work on women's organizations as compensatory representatives primarily suggests that women's advanced marginalization occurs when women's organizations focus on different *issues* than disadvantaged women would address (Cohen 1999; Strolovitch 2007). In contrast, I examine the role of women's organizations as women's compensatory representatives by going inside the arguments that women's organizations make about particular issues, such as the contraception mandate, to examine how women's organizations framed women's interests in comparison to other organizations and individual women. In particular, I ask whether women's organizations are more likely to focus on the concerns of women in general and particular subsets of women than other participants.

THE STRATEGIC DEPLOYMENT OF WOMEN'S INTERESTS IN THE CONTRACEPTION MANDATE RULEMAKING

The contraception mandate rulemaking occurred between March 2012 and July 2013 and it implemented provisions of the Affordable Care Act that require group health insurance plans to provide "all women with reproductive capacity" coverage for all Food and Drug Administration (FDA) approved contraceptive methods, sterilization procedures, patient education and counseling without cost-sharing or co-pays (IRS, EBSA, and HHS 2012). Three agencies, the IRS, the EBSA and HHS, and oversaw the rulemaking process. After the final rule was issued in July 2013, the agencies were forced to issue an amended interim final rule in August 2014 to comply with the

Supreme Court's decision in the *Wheaton College v. Burwell* Case. At that time, the agencies also announced that would begin work new rule to comply with the Supreme Court's 2014 decision in *Hobby Lobby v. Burwell.*

The contraception mandate is a unique case because it is an example of a rulemaking that generated an extraordinary level of public attention and controversy. Between 2012 and 2014, 986 newspaper articles were published in American newspapers about the issue. A February 2012 Gallup poll also indicated that a majority of American adults were following the issue "very closely" (29 percent) or "somewhat closely" (31 percent)(Saad 2012). Republicans in Congress, religiously affiliated colleges, and religious individuals who owned their own businesses also pursued high profile challenges to the mandate in congressional hearings and two Supreme Court cases, *Hobby Lobby v. Burwell* and *Wheaton College v. Burwell.* In March 2012, the Committee on Oversight and Reform in the Republican-controlled House of Representatives held a hearing challenging the proposed rule that received a great deal of attention because five men and *zero* women testified during the first panel. Republican leaders also refused to allow Sandra Fluke, who was then a law student at Georgetown University, to testify, leading Representatives Carolyn Maloney (D-NY) and Eleanor Holmes Norton (D-DC) to walk out of the hearing.[3] Democratic Party leaders, women's rights organizations, and reproductive rights organizations highly publicized the lack of women on the panel and Fluke's snub to mobilize their supporters and raise funds. In the *Hobby Lobby* case, two for-profit companies, Hobby Lobby and Conestoga Wood Specialties, which were owned by religious families, claimed that complying with the contraception mandate violated their religious beliefs. The Supreme Court sided with these companies and ordered the agencies to extend religious exemptions to the contraception mandate to "closely-held" religious for-profits.[4] In *Wheaton College v.*

[3] Democratic leaders selected Ms. Fluke as their one witness at this hearing, but Chairman Darrell Issa (R-CA) rejected her as "unqualified" because she was not a member of the clergy.
[4] The Supreme Court did not provide a clear definition of "closely-held" in this case.

Burwell, the Supreme Court sided with Wheaton College to allow religious organizations to claim they are eligible for contraception mandate's religious exemption using a self-certification process instead of the agencies' pre-designed forms, which they claimed trigger contraceptive coverage and violated their religious beliefs. As these challenges show, this rulemaking was highly controversial and Americans were closely divided on the issue. When Gallup asked Americans, "Based on what you know or have read about the matter, do you sympathize more with the views of religious leaders or the Obama administration?" they found that public opinion on the issue was also evenly divided with 48% of all adults and 47% of women siding with religious leaders and 45% of all adults and 46% of women siding with the Obama Administration and its proposed rule (Saad 2012). Since this rulemaking was so visible and controversial, it also attracted 472,802 comments, an unusually large number of comments for the rulemaking process.[5]

The high-levels of attention and controversy elicited by the contraception mandate were likely driven by the agencies' justifications for the proposed rule, which claimed that the policy was explicitly designed to reduce disparities between men and women and to provide broader access to contraception for low-income women. For example, the rulemakers explained that increased contraceptive coverage "improves the social and economic status of women by reducing disparities between men and women in terms of out-of-pocket costs" (IRS, EBSA, and HHS 2013, 39,873). The agencies also argued that the rule advanced the government's interest in safeguarding women's health and ensuring that women have equal access to healthcare, implying one of the policy's goals was to broaden access to no cost contraception to all women (IRS, EBSA, and HHS 2012). The Institute of Medicine's recommendations, which the agencies cited, added that reducing the cost

[5] Many of the existing rulemaking studies are based on rules that attracted much lower numbers of comments. For example, the average number of comments that were submitted on rules in these studies were: For these four studies, the average number of comments that were submitted on the rules included in the study were: 47.7 (Golden 1998), 177 (West 2004), 42.3 (Yackee 2006; Yackee and Yackee 2006) and the range of the number of comments submitted across these four studies was 1 to 268. It is likely that one reason that the number of comments in these studies is so much lower is that many of them were conducted before the development and widespread use of the e-rulemaking program.

barriers associated with contraceptive coverage would improve women's health by reducing the risks associated with unintended pregnancy and abortions and providing treatment for other issues, such as certain cancers, menstrual disorders, and acne (IRS, EBSA, and HHS 2012). From the start, the rule also contained provisions that provided exemptions for religious employers, and much of the debate about the mandate focused on which employers would be considered "religious," and by extension, how many women would receive contraception coverage under this rule. In particular, the debate focused on whether the rule's religious exemption should be extended beyond churches and houses of worship to also include religiously affiliated non-profits, such as hospitals and institutions of higher education and for-profit companies owned by religious individuals. Ultimately, the agencies' broadened their definition of religious employers over the course of the rulemaking process and the final rule defined these religious employers as non-profits that oppose contraception for religious reasons and consider themselves to be religious organizations. The rule's focus on women's equality, low-income women, and religious exemptions allowed questions of deservingness and morality to enter into the debate, raising arguments and concerns about which women should receive access to contraception at no cost.

Given that the contraception mandate provides a unique example of a highly visible, controversial rulemaking, I expect women and their advocates to submit comments that contain references to a number of different types of women and their interests. However, I also expect that the most common constructions of women's interests will present women as a universal, homogenous group with a shared interest in either supporting or opposing the mandate. I expect these universal constructions of women's interests will be the most common among women and their advocates because framing women's interests in universal terms best served these advocates' strategic goals. In this case, women and their advocates had to consider the kinds of majoritarian and electoral pressures that participants and bureaucrats are ordinarily able to ignore during the

rulemaking process that implemented the contraception mandate because this rulemaking and the controversy around it attracted the attention of Congress and the courts. Congressional scrutiny of the contraception mandate also occurred concurrently with the 2012 midterm elections, giving MCs an electoral incentive to either challenge or support the proposed rule for the contraception mandate as a way to win votes from the majority of American women. As a result, bureaucrats were forced to consider how public opinion about the contraception mandate could lead to the rule being challenged in the future, making them more receptive to comments that suggested the rule had a broad, popular base of support and could be used to resist challenges from Congress and the courts (Arnold 1992; Clark 2011; Mayhew 1974; McCubbins and Schwartz 1984; McCubbins, Noll, and Weingast 1987). Since bureaucrats were more likely to be responsive to comments that portrayed women's interests in broad terms, I expect women and their advocates were also more likely to frame their arguments about women's interests related to the contraception mandate in universal terms as a way to either provide like-minded bureaucrats with the evidence they needed to move forward with the mandate or to provide Republican MCs and the courts with the evidence they needed to pursue their challenges. Universal references to women should also be common because the American interest group system tends to reward interest groups and organizations that appear to have broad-based support because they suggest that these organizations' constituents can credibly threaten to vote and participate in ways that could change electoral results (Beltrán 2010; Frymer 1999; Guinier 1994; Strolovitch 2007; Williams 1998). Overall, then, I expect that when rulemakings are highly visible and controversial, women and their advocates focus on women in universal terms because majoritarian and electoral pressures shape the debate.

Since I expect women and their advocates to attempt to portray women in universal terms in this case, I also expect that references to particular subsets of women and nuanced arguments about intersectionality to be relatively rare. When subsets of women are referenced, I expect those

references will tend to be relatively simple. They will usually only focus on two intersecting identities and contain superficial references to intersectionality, such as references to particular subgroups of women in statistical terms. Moreover, I expect that women and their advocates will be more likely focus on subsets of women whose interests can be reframed in universal terms. Lastly, I expect that women's organizations will be more likely than other organizations or individual women to reference different subsets of women and their concerns than individual women for two reasons. First, women's organizations are explicitly designed to represent women and they have long been critiqued for focusing on the concerns of relatively advantaged middle and upper class, white, heterosexual women, so I expect that women's organizations will respond to those critiques by making a concerted effort to represent the concerns of a broader array of women. Second, women's organizations generally submitted longer, higher quality comments than individual women, who tended to focus on their own experiences and opinions did. Therefore, women's organizations' comments should be more likely to include references to a broader array of women.

DATA

This paper analyzes a subset of 1,963 comments that the agencies received in response to the Advanced Notice of Proposed Rulemaking, issued on March 12, 2012 and to the Proposed Rule, issued on February 6, 2013. As Table 1 shows, the agencies received 472,082 comments during this period. This paper focuses on the 255 comments that organizations submitted, including the 66 comments that women's organizations submitted, and 1,708 comments that individual women submitted. I identified the 255 comments from organizations by selecting any comment that indicated its author(s) were speaking on behalf of an interested organization. This subset includes comments from a wide variety of organizations, including women's organizations; houses of worship; religiously affiliated schools, hospitals, or charities; labor organizations; legal advocacy organizations; professional associations representing healthcare workers; health insurers; and for-

profit businesses. Forty-eight women's organizations submitted 66 of these organization comments. Comments were considered to be from women's organizations when the organization, in its comment or on its website, claimed to speak on behalf of women or to focus on women's health issues. Therefore, the women's organizations category includes comments from traditional feminist organizations, organizations explicitly focused on representing the needs of intersectionally marginalized women (such as women of color or lesbians), conservative women, and religious women. A full list of the women's organizations that submitted comments is available in Appendix A. The 189 remaining organizations were classified as other organizations. The set of comments from individual women includes comments whose authors had traditionally female names and/or identified themselves as people in traditionally female roles (i.e. as women, mothers, wives, etc.).[6]

While it is likely that the "individual women" subset does not perfectly represent the perspectives of all individual women, this subset provides one of the only approximations of individual women's views on this issue. The "individual women" category likely differs from average American women in a few of ways. First, existing research on the e-rulemaking process suggests that many individuals who submit comments were contacted and mobilized to participate by interest groups and advocacy organizations (Benjamin 2006; Lubbers 2010). Therefore, "individual women's" comments are likely to share some ideas with the organizations' comments, but to discuss those ideas in personalized ways. Second, though polling on the contraception mandate suggests the public was evenly split on this issue (Saad 2012), it is likely that individual women who commented had more extreme views than the average woman because the women who felt they had the most at stake in related to this issue, particularly religious women who felt they would lose their religious freedom as a result of the mandate, were the most likely to write to the agencies. Lastly, existing

[6] It is, of course, possible that some people with traditionally female names do not identify as women and some with traditionally male names or gender-neutral names were excluded from this category since it was not possible to collect more information to identify the comments' authors.

research suggests that political actors are more likely to mobilize citizens who are wealthy, knowledgeable, and partisan (Rosenstone and Hansen 2003; Schattschneider 1960; Schlozman, Verba, and Brady 2012), meaning the women who submitted comments were more likely to be wealthy, educated, and partisan than the average American women.

Most of the comments that were not included in this study were 448,901 form letters that were solicited by interested organizations, such as NARAL, Planned Parenthood, and the US Conference of Catholic Bishops. I exclude these comments because existing research suggests that bureaucrats find these comments relatively unconvincing they tend to simply count up these letters, rather than reading them in great detail (Benjamin 2006; Coglianese 2006; English forthcoming; Lubbers 2010). The July 2, 2013 final rule supports this interpretation as it notes that the agencies "received over 400,000 comments (many of them standardized form letters)" and it provides little further discussion of the content of those comments (IRS, EBSA, HHS 2013, 39,871).

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CODING AND ANALYSIS

In order to examine how women and their advocates strategically framed "women's interests" and how the women's organizations' references to women differed from those used by other organizations and individual women, I used three forms of coding and analysis. First, I conducted an automated text search of the 255 organization comments and the 1,708 comments from individual women. I conducted this automated text search in NVivo and searched for 89 different terms in 12 categories used to refer to women and/or the contraception mandate's target population.[7] I selected and searched for each of these terms after skimming through the comments to identify terms that were commonly used to refer to women, subsets of women, and the target population. I used this automated text search to calculate the average number of references that each

[7] The entire list of search terms and categories is available in Appendix B.

type of commenter made per comment to compare the ways that women's organizations, other organizations, and individual women referred to women and the target population.

Second, I hand coded each paragraph of the women's organizations' comments for whether or not it referenced a subset of women, the type of subset of women it referenced, and whether references to subsets of women were "deeply" or "superficially intersectional."[8] I used these codes to validate the results of the automated text search analysis, to provide more context for how commenters used these terms, and to gain a deeper sense of the kinds of arguments that women's organizations made about intersectionality. Although women and their advocates have increasingly recognized the need to focus on the internal diversity of women based on their intersecting identities, arguments about particular subsets of women differ greatly in terms of how fully they engage with theories of intersectionality. As a result, I code for whether or not references to subsets of women were "deeply" or "superficially" intersectional. I considered arguments to be "deeply intersectional" when they recognized and explained how women experience their multiple, intersecting identities, multiple intersecting types of barriers or discrimination, or the ways that women's intersecting identities gain meaning in relationships to each other. Drawing on Ernst's (2010) conception of "cosmetic colorblindness" that finds white activists often avoid discussions of diversity that focus on "any connection between race and political, economic, or social power" (39), I considered arguments to be "superficially intersectional" when they presented references to particular subsets of women in statistical terms or they referred to these women in passing ways, with little to no acknowledgement of how complex relationships of power affect how women experience these intersecting identities.

Third, I used latent dirichlet allocation (LDA) to examine the set of individual women's comments. LDA is a form of automated text analysis that is designed to sort a set of documents into

[8] I plan to conduct a similar analysis of the individual women's comments and other organizations' comments in the near future.

topics by determining which pre-existing underlying set of topics was most likely to have generated the distribution of words that were actually observed in a given document (Bagozzi 2014; Bagozzi and Schrodt 2013; Blei 2012; Grimmer and Stewart 2013). To achieve this goal, LDA requires researchers to make a starting assumption about the number of underlying pre-existing topics in the set of texts and to use a number of pre-processing steps to convert the set of documents into a document-term matrix that shows the number of times each unique word appears in each document (Grimmer and Stewart 2013). Following conventional practice, I determined the number of topics in the set of individual women's comments by running models that assumed the set of documents included 5, 10, 15, 20, 25, 30, and 50 topics and the selecting the best model using two fit measures: perplexity, which is minimized, and log likelihood, which is maximized. As Figures 1a and 1b show, the perplexity measure suggested the set of individual women's comments included 5 topics and the log likelihood suggested it included 25 topics. Therefore, I ran an LDA model that assumed that the individual women's comments included 10 topics.[9] Following conventional procedures, I also pre-processed the text by converting all of the text to lower-case, removing the punctuation, removing all numbers, removing white space, removing stop words, and stemming all words.[10] After I simplified the text in those ways, I used the remaining text to create the document-term matrix needed for LDA analysis. Finally, after I ran the LDA analysis, I validated the results by identifying the documents that best fit each category and reading them to determine if the top words and the names for the topics accurately captured their content.

[9] I selected 10 topics, rather than 15 or 20 to avoid overfitting the model.

[10] Stop words are "words that do not convey meaning, but primarily serve a grammatical purpose" (Grimmer and Stewart 2013, 273). A full list of the stop words I removed is available in Appendix C. Stemming is designed to reduce words down to their basic forms and to group together words that refer to the same basic concept (Grimmer and Stewart 2013). For example, stemming turns "family," "families," "families'," and "familial" all into "famili" (Grimmer and Stewart 2013).

REFERENCES TO WOMEN AND TARGET POPULATIONS

Table 2 shows that, as expected, references to women in universal terms were the most common way of referring to women for all three types of commenters (women's organizations, other organizations, and individual women). Women's organizations and individual women both used references to women in universal terms more than any other type of term for the policy's target population, mentioning "women" or "females" 27.439 times per comment and 0.733 times per comment, respectively. References to the policy's target population in gender-neutral terms, including "beneficiaries," "employees," "individuals," "participants," and/or "students" were also quite common. Though references to gender-neutral terms were used relatively often, it is also important to note that comparing the references to women and men for all three types of commenters shows that references to women vastly outnumbered references to men, suggesting the comments clearly implied the conception mandate was primarily designed to benefit women.

<Insert Table 2 Here>

The results in Table 2 also show that while references to women in universal terms were very common among all three sets of commenters, references to subsets of women were relatively rare. Women's organizations referenced subsets of women the most, but they only mentioned them 2.667 times per comment. Other organizations and individual women both mentioned subsets of women less than once per comment. Examining Table 2 in greater detail also shows that none of terms used to refer to a subset of women was mentioned more than once per comment by any of the types of commenters. References to some subsets of women were also more common than others. All three types of commenters used references to women in relational terms more than any other kinds of references to subsets of women. Commenters who used relational terms focused more on "mothers" than any other type of relationship term and they tended to avoid relational terms that positioned women outside of the traditional family such as "girlfriends," "single women," and

"unmarried women." On a similar note, each set of commenters, on average, used terms related to children and families, such as "babies," "children," "families," "fetuses," or "kids," more than they ever referenced different subsets of women, suggesting that commenters felt that after women themselves, children and families were most likely to be impacted by the contraception mandate. In addition to references to families and women's relationships to others, references to women in terms of age were also relatively common among all three types of commenters. The references to women's ages tended to focus on "girls," "young women," and "women of reproductive age."

The three types of commenters varied in terms of how often they referenced women's races, ethnicities, or nationalities; religions; and socioeconomic statuses. Women's organizations referenced women's races, ethnicities, or nationalities more than any other type of commenter, mentioning using this set of terms second most often and explicitly referring to "Black women" and "Latinas." In contrast, other organizations referenced women's races, ethnicities, or nationalities fourth most often and individual women referenced women's races, ethnicities, or nationalities less than any other subset of women. Other organizations mentioned "African American women," "Asian women," "Asian American women," "Latinas," and "white women." Individual women referred to "Hispanic women" and "white women." Of the three types of commenters, individual women placed the highest priority on references to women in terms of their religions, using references to this subset of women third most often. Individual women mentioned "Catholic women" the most, but they also referred to "Christian women," and "Muslim women." Women's organizations referenced the subset of women in terms of their religion fourth most often, and these references strongly focused on "Catholic women." Other organizations referenced women in terms of their religions the least, mentioning this subset of women fifth most often and they also focused on "Catholic women." Other organizations were the type of commenter that werewas the most likely to prioritize references to women in terms of their socioeconomic statuses, referencing this subset of

women third most often. Individual women mentioned women in terms of socioeconomic status fourth most often and women's organizations referred to women in socioeconomic terms fifth most often. References to "low-income women" were the most common references to women's socioeconomic statuses for all three types of commenters and references to relatively advantaged middle- and upper-class women were relatively rare among all three types of commenters.

All three types of commenters also rarely referred to women in terms of their sexual orientations or gender identifications. Gender identity terms were only used 0.106 times per comment by women's organizations, 0.005 times per comment by other organizations, and 0.003 times per comment by individual women. Similarly, sexual orientation terms were only used 0.212 times per comment by women's organizations, 0.011 times by other organizations, and 0.008 times per comment by individual women.

I also coded each paragraph of the women's organizations comments for whether or not it referred to a subset of women and for whether those references could be considered "deeply" or "superficially" intersectional. The results of this analysis are in Table 3 and they show that paragraphs that contained a "deeply intersectional" argument were incredibly rare. Only 2.5% of the paragraphs that referenced subsets of women contained a "deeply intersectional" argument; the other 97.5% of those paragraphs contained "superficially intersectional" references to subsets of women. Most of the "superficially intersectional" comments referred to particular subsets of women by citing statistics about them or mentioning them without providing a deeper consideration of women's multiple, overlapping identities mutually shape each other. For example, the Guttmacher Institute states:

> A 2009 study of low- and middle-income sexually active women found that 52% of them were worse off financially than the year before. Of those who were worse off, three-quarters said that they could not afford to have a baby right then. And while nearly four in 10 of those worse off reported being more careful in their contraceptive use in the current economic climate, many of the financially challenged women reported barriers to contraceptive use: 34% said they had a harder time paying for birth control, 30% had put off a gynecology or birth control visit to save money, 25% of pill users saved money through inconsistent use and 56% of those with jobs worried about having to take time off from work to visit a doctor or clinic.

Similarly, the National Latina Institute for Reproductive Health explains:

> For many in our community, access to affordable contraception is often non-existent but is necessary to ensure that Latinas can make the best decisions for them and their families. Latinas are twice as likely to suffer from unintended pregnancies in comparison to their white peers.[4] Women of color, including Latinas, have said that cost has kept them from regularly using contraception. A recent survey conducted by Hart Research Associates and commissioned by Planned Parenthood Action Fund found that fifty-seven percent of young Latina women have struggled with the cost of prescription birth control. It is imperative that all Latinas have access to seamless contraceptive coverage regardless of who their employer is. This is particularly true for women of color, including Latinas, who work for religious employers or other entities that may have a religious affiliation.

Two "deeply intersectional" paragraphs went beyond these kinds of statistical claims about certain subsets of women to begin to focus on how women experience their intersecting, overlapping identities. For example, the Black Women's Health Imperative explains how many forms of marginalization combine to create unique health concerns for pregnant Black women:

> The Imperative recognizes the need for safe, effective and accessible contraception in order to reduce high rates of unintended pregnancy among Black women. High rates of unintended pregnancy, underlying environmental and health conditions that affect healthy pregnancies and lack of access to adequate prenatal care are among the factors that contribute to high rates of maternal mortality and morbidity. The Imperative identifies high maternal mortality rates among Black women as one of the biggest preventable health disparities. Increased access to contraception without additional co-pays equates to a higher number of Black women who can make their own decisions about pregnancies, address underlying environmental and health issues prior to a pregnancy, and reduce the risk factors and high rates of maternal mortality.

Similarly, the National Asian Pacific American Women's Forum explains how Asian American, Native Hawaiian, and Pacific Islander Women face a number of intersecting barriers that make it difficult for them to access contraception:

> We are concerned about the proposed changes, and believe that they will only create confusion, unnecessary delays and other barriers to contraceptive access. Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) women have disproportionately high rates of unintended pregnancies and abortion.1 For many AA and NHPI women, especially those who are immigrants, there are several barriers to accessing contraceptives. Among them are language barriers, being uninsured, lack of financial resources, lack of awareness of contraceptive options, and difficulty with navigating our medical system.

While these two "deeply intersectional" arguments begin to get at the ways that women experience multiple, overlapping forms of oppression in ways that limit their access to contraception, these arguments could also go even farther to provide a more in-depth examination of how women actually experience these intersecting barriers instead of simply mentioning that they exist.

<Insert Table 3 Here>

THE ROLE OF WOMEN'S ORGANIZATIONS

Returning to Table 2 reveals that women's organizations were generally more likely to reference women and a number of subsets of women than other organizations or individual women. First, difference of means tests show that women's organizations were significantly more likely than other organizations and individual women to reference women in universal terms, mentioning "women" 26.924 times per comment and "females" 0.515 times per comment. In comparison, other organizations only referenced "women" 5.820 times per comment and "females" 0.122 times per comment and individual women referenced "women" 0.686 times per comment and "females" 0.047 times per comment. When women's organizations referred to women in universal terms, they often discussed the ways that the contraception mandate should be accessible to all women. For example, the American Association of University Women (AAUW) states, "AAUW strongly believes that as many women as possible should receive the benefit of contraception without co-pay or cost-sharing. No woman should be left out of the benefits and protections of the Affordable Care Act because of where she works or attends school." Many of the women's organizations' comments also focused on removing the barriers that women face in terms of accessing contraception and these claims often implied that all women face a similar set of barriers that prevents them from receiving birth control. For instance, a number of coordinated comments from women's organizations, including this one from the Coalition of Labor Union Women stated, "In addition, comprehensive reproductive health care including contraception is a vital part of women's health care and is essential in ensuring that women and families are able to lead healthy, productive lives. Contraceptive services should not be stigmatized by isolating them from other coverage or services, nor should barriers be created to make securing access to this care more difficult." Many of the women's organizations' universal references to women also noted that increased access to contraception provides health benefits for women because it allows them to better space

pregnancies; avoid pregnancy-related risks and complications; and prevent a number of conditions not related to pregnancy, such as acne, migraines, menstrual conditions; endometriosis; and endometrial, ovarian, and colorectal cancers.

Building on the agencies' arguments about women's equality in their justifications for the proposed rules, women's organizations' universal references also focused on the ways improved access to contraception would help advance women's equality relative to men by allowing women to invest in higher education and their careers before they married and/or had having children. Arguments such as this one submitted by the Center for Reproductive Rights were common:

> While promoting women's health was a primary motivation behind the Contraception Benefit, it was also designed to help eliminate sex-based inequalities in the healthcare system namely, the fact that women significantly outspend men on healthcare-related services, in significant part due to costs associated with contraception and unintended pregnancies. And Congress has recognized that discrimination against women based on pregnancy, child-birth, or related medical conditions constitutes discrimination on the basis of sex.

Difference of means tests show that women's organizations were also significantly more likely to refer to subsets of women than other organizations and individual women, referencing subsets of women 2.667 times per comment compared to other organizations and individual women, which referenced subsets of women 0.593 times per comment and 0.232 times per comment, respectively. Women's organizations were also significantly more likely than other organizations to reference women in terms of their ages; their religions; their socioeconomic statuses; their sexual orientations; and their gender identities. In comparison to individual women, women's organizations were also significantly more likely to reference women in terms of their races, ethnicities, or nationalities; their ages; their religions; their socioeconomic statuses; their sexual orientations; and their gender identities. Interestingly, women's organizations were ***not*** significantly more likely to refer to women using relational terms than other organizations or individual women, suggesting that these kinds of references to women were popular and strategically appealing for all three types of commenters.

To further examine how women's organizations discussed various subsets of women, I qualitatively coded each paragraph of the women's organizations' comments and examined the text surrounding the automatically coded references to subsets of women. As Tables 2 and 4 show, these analyses revealed that women's organizations often referred to women in terms of their ages and their relationships to others. When women's organizations discussed women's relationships to others, they most often focused on "mothers" and they made many references to the ways that improved access to contraception could improve their health outcomes by allowing them to plan pregnancies, to have better mother-child relationships, and financially secure families. Similarly, women's organizations were also significantly more likely than other organizations or individual women to refer to families and many of those references focused on the ways that improved access to contraception and planned pregnancies could reduce the physical, emotional, and financial strains on families, and promote healthy marriages characterized by lower levels of conflict. Conversely, "girlfriends" and "single women" were never mentioned, and references to "unmarried women" were relatively rare. Only one organization, the Center for Reproductive Rights, specifically mentioned "unmarried women." Their comment cited statistics that "unmarried women" have an increased risk of unplanned pregnancies, lower rates of contraceptive use, and higher rates of abortion to argue that increasing contraception use among this group of women would help lower the numbers of unplanned pregnancies and abortions. They also mentioned that increased access to the pill helped young, unmarried women increase their participation in the labor force. Women's organizations' limited attention to unmarried women suggests that these organizations may have been aware of, and wanted to avoid, long standing critiques of contraception that connected its use to prostitution, promiscuity, and/or supposedly selfishness of women who used contraception to avoid serving their traditional roles as wives and mothers (Gordon 2007; May 2010).

Tables 2 and 4 also show that women's organizations also frequently referred to women in terms of their ages. Most of these references focused on two issues facing relatively young women (e.g. "young women," "young girls," "girls," and "college-age women"): reducing the number of teenage pregnancies and the unique barriers that college-age women would face if they attended religiously-affiliated institutions that were exempt from the mandate. In general, when the comments discussed reducing teenage pregnancy, they focused on this issue in statistical terms that suggested increased access to contraception would help reduce pregnancies among this group. Thus, these statistically focused comments tended to downplay moral concerns about sexual activity among teenagers and for the most part, women's organizations avoided those discussions. However, the Center for Reproductive Rights' comment did include this statement from the American Academy of Pediatrics that explicitly stated that teenage sexual activity does occur and improved access to contraception would help it occur in the most responsible way possible:

> As advocates for the health and well-being of all young people, the AAP strongly supports the recommendation that adolescents postpone consensual sexual activity until they are fully ready for the emotional, physical, and financial consequences of sex. We recognize, however, that some young people will choose not to postpone sexual activity, and as health care providers, the responsibility of pediatricians includes helping teens reduce risks and negative health consequences associated with adolescent sexual behaviors, including unintended pregnancies and sexually transmitted infections. The AAP strongly encourages the use of contraception including emergency contraception by adolescents when prescribed and counseled by a pediatrician or other primary care physician in an appropriate and recommended manner.

Since the references to relatively young women primarily focused on statistics about their rates of unplanned pregnancy and their use of contraception, these comments tended to obscure the fact that younger, unmarried women may have sex because they enjoy it or find it fulfilling. It appears women's organizations tended to ignore acknowledging that women have sex for those reasons to avoid critiques that suggest increasing access to contraception for these women leads to higher levels of promiscuity. Table 2 also indicates that women's organizations were significantly more likely than other organizations and individual women to refer to the contraception mandate's target population in gender-neutral terms. As a result, they often referred to "students" and it is possible that one

reason they mentioned "students" more often than younger women is that references to "students" allowed them to portray younger women who have pre-marital sex in relatively respectable terms by giving the impression that young women who use contraception use it because it helps them achieve their career goals and become productive members of society. Women's organizations also made a number of references to "women of reproductive age" to focus on the need for contraception among this group. Many of these comments explained that most "women of reproductive age" are sexually active and a number of them cite statistics that suggest that 99% of all women of reproductive age who have ever had heterosexual sex have used at least one contraceptive method. Thus, these references to "women of reproductive age" implied that most, if not all, heterosexual women need access to contraception. Unsurprisingly, women's organizations did not refer to older women, such as menopausal women who can no longer have children and who presumably no longer have concerns about preventing pregnancy.

Though Table 2 shows that women's organizations referenced women in terms of their races, ethnicities, or nationalities more often that their ages, Table 4 suggests that those references were often clumped together in single paragraphs and accounted for a smaller proportion of women's organizations' comments than the raw counts of references to women's races, ethnicities, or nationalities would suggest. The coding analyses reveal that women's organizations only specifically mentioned three types of women: Black women; Latina women; and Asian American, Native American, or Pacific Islander women. In each case, organizations that explicitly focused on representing the concerns of a particular subset of intersectionally disadvantaged women were the only ones that referred to these subsets of women. The Black Women's Health Imperative (BWHI) specifically focused on the number of unplanned pregnancies among Black women and the challenges that Black women face in terms of underlying environmental and health conditions that can lead to riskier pregnancies, maternal mortality, and securing access to pre-natal care. The

Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR) and the National Latina Institute for Reproductive Health (NLIRH) discussed the unique challenges that Latinas face such as high rates of those who are uninsured, a lack of access to contraceptive care, higher rates of sexually transmitted diseases, and cost barriers to contraception. NLIRH also specifically mentioned that 90 percent of Catholic Latina women have used healthcare at some point, highlighting the fact that religious beliefs do not necessarily prevent Latinas from wanting access to contraception. Lastly, the National Asian Pacific American Women's Forum (NAPAWF) revealed that Asian American, Native Hawaiian, and Pacific Islander women lack insurance and may have difficultly accessing contraception due to language barriers and the difficulty navigating the healthcare system.

<Insert Table 4 Here>

The BWHI, the NLIRH, and the NAWAPF also did not submit their own, unique comments. Instead, each of these organizations adapted model language from a coalition of women's organizations to add references to the subset of women they represented to the text. As a result, many of these references to particular groups of women of color relied on statistics, were relatively short, and could not deeply engage with the unique issues that women in these groups faced. These relatively short, statistical references to women's races, ethnicities, and nationalities also prevented a broader, more nuanced discussion of reproductive justice that might have addressed some of the justified skepticism among women of color towards contraception and abortion.

In particular, these comments failed to address the ways that at various points in American history, arguments about increased access to contraception were closely related to eugenic arguments about the need to reduce births among supposedly "unfit" immigrants and women of color while increasing births among middle- and upper-class white women (Gordon 2007; May 2010). This discussion also ignored the fact women of color, particularly Black women during the Civil Rights era, had to balance their desire to use contraception against pressure from Black, male

leaders that suggested contraception use among Black women was a form of "genocide" (May 2010). Lastly, women's organizations' discussion of women in terms of their races, ethnicities, and nationalities, failed to address the fact that some women of color may have felt skeptical about the advice of medical experts promoting contraception given the history of dangerous or unethical medical testing on women of color. For example, in the late 1950s and 1960s, laws against contraception in many states prevented large-scale studies of the pill, so initial studies of the pill focused on low-income Puerto Rican women who had few other options, and many of their concerns about the pill's side effects were downplayed or ignored (Gordon 2007; May 2010). This complicated history of contraception for women of color suggests it is possible that women of color had more complicated, nuanced positions on the issue than the women's organizations' limited references to these groups suggest.

Women's organizations referred to women's religions less than their relationships to others, their ages, and their races, ethnicities or nationalities, but more than they referred to women's socioeconomic statuses, gender identities, or sexual orientations. Most of these references to women's religions focused on Catholic women. Two-thirds of the paragraphs that focused on Catholic women challenged the idea that the US Conference of Catholic Bishops, which staunchly opposed the contraception mandate, represented Catholic women and these comments cited the large numbers of Catholic women that have used contraception at some point in their lives. The remaining references to Catholic women came from Catholic organizations, including the National Council of Catholic Women and the Sisters of Mercy of America, and called for broader religious exemptions to the contraception mandate. For the most part, women's organizations did not refer to women of other religions.[11] This focus on Catholic women means the we know very little about how women of other faiths approached the contraception mandate. However, the focus on Catholic

[11] All of their references to "Jewish women" were actually references to the National Council of Jewish Women, an organization that supported the mandate and relatively narrow religious exemptions from it.

women is also unsurprising given the visible opposition of the US Conference of Catholic Bishops and the Catholic church's long standing opposition to contraception and abortion (Engelman 2011; Gordon 2007; May 2010).

Although the contraception mandate implemented provisions of the Affordable Care Act and the justifications for the rules explicitly focused on the cost barriers women face as they attempt to secure contraception, Tables 2 and 4 show that women's organizations' references to women's socioeconomic statuses were relatively and surprisingly rare. When women's organizations did refer to these women, they almost always referred to economically disadvantaged women, using terms such as "low-income women," "poor women," and "indigent women," but the ideological orientations of women's organizations affected the ways that each organization discussed the concerns of economically disadvantaged women. When liberal or feminist organizations referred to women's socioeconomic statuses, they focused on the fact that the cost of contraception is particularly problematic for low-income women who also have higher rates of unplanned pregnancies, shorter intervals between births, higher rates of abortions, and inconsistent access to gynecologists and/or contraception. Thus, these comments suggest that increased access to contraception would help these women better plan for children and avoid abortions. Alternatively, conservative women's organizations, such as Susan B. Anthony List, called feminist arguments that suggested increased access to contraception would benefit low-income women as a "chilling kind of cost-benefit analysis" and they argued that reducing public funding for contraception and abortions would produce more cost savings than increased access to contraception. The ideological divide between women's organizations about how to address the concerns of low-income women suggests that these organizations may have avoided discussions of women's socioeconomic statuses as a way of avoiding controversies and/or triggering partisan and ideological considerations about the appropriate role of the government in assisting low-income women.

As Table 4 shows, my hand-coding analysis also revealed that women's organizations sometimes referred to the unique concerns of women with particular medical conditions, such as heart disease, diabetes, lupus, high blood pressure, pulmonary tension, and/or Marfan syndrome. This analysis identified nine paragraphs about these unique concerns and many of them suggested that increased access to contraception was necessary for women with medical conditions that could make pregnancies difficult and/or dangerous. These references to pregnancy-related issues helped further reinforce the ideas presented in the justifications for the contraception mandate, which suggested that contraception could serve as an important form of preventative care. They also helped challenge the idea that contraception is exclusively used to prevent pregnancies.

Lastly, Tables 2 and 4 show that women's organizations rarely referred to women in terms of their sexual orientations and/or gender identities. Similar to the references to women in terms of their races, ethnicities, or nationalities, references to women in terms of their sexual orientations and/or gender identities were primarily included in comments from organizations that explicitly focused on intersectionally disadvantaged women. The National Center for Lesbian Rights was the only organization to explicitly mention the concerns of lesbian women. It added some text to the coordinated women's organizations model language to briefly highlight the fact that lesbians could benefit from increased access to contraception because lesbian youth experience high levels of unintended pregnancy. The NLIRH also added text to the model language from a coalition of women's organizations to express their concern that religious exemptions to the contraception mandate could set a dangerous precedent that would also allow for discrimination against lesbian, gay, bisexual, transgender, and queer individuals. They also highlighted the fact that 23% of transgender Latinos were refused medical care due to biases and 36% postponed medical care due to fears of discrimination. Thus, as with references to women's races, ethnicities, and nationalities, it appears women's organizations saw the concerns of these subsets of women as largely peripheral to

the debate about the contraception mandate, likely due to the fact that the policy focused on "all women with reproductive capacity." As a result, we know little about how improved access to contraception could potentially benefit some of these women, perhaps through its non-contraceptive uses. We also know little about the unique challenges these women face related to contraception. For example, women with female partners have reported that they sometimes felt their doctors pressured them into using contraception that they did not need, even though those doctors knew their partners were not male and they did not have concerns about unplanned pregnancies (Tyler 2010). Thus, it is possible that some of these women might have felt an increased focus on contraception would put further pressure on them in their relationships with their doctors. Bisexual women who currently have female partners and take birth control for non-contraceptive reasons have also explained that their contraception use created trust issues in their relationships because it led their partners to incorrectly believe they were also having sex with men (Tyler 2010).

WOMEN'S ORGANIZATIONS AS REPRESENTATIVES OF INDIVIDUAL WOMEN

In addition to qualitatively coding the references that women's organizations made to women and to subsets of women, I also used LDA and a close reading of the automated text search codes to examine how the discussion of the contraception mandate among individual women compared to the discussion of the contraception mandate within women's organizations. These analyses reveal that women's organizations and individual women discussed the conception mandate and particular subsets of women in very different ways, which were strongly shaped by their opposing ideological orientations.

LDA Analysis and Topics of Discussion

Figure 2 shows that the LDA analysis identified ten topics in the individual women's comments: violations of religious freedom, individual religious freedom, the importance of birth control coverage, the immorality of abortion, general opposition to the contraception mandate, the

commenters' deeply held religious beliefs, the risks of birth control, issues related to the implementation of the mandate, Catholics' concerns, and addresses. Reviewing this list of topics, the top words associated with these topics in Table 5, and the documents that best fit each topic reveal that opposition to the contraception mandate and concerns about issues of religious freedom were much more widespread in the individual women's comments than in women's organizations comments, which generally supported the contraception mandate. Taken together, the five topics that relate to religious belief (violates religious freedom, individual religious freedom, the immorality of abortion, the commenters' deeply held religious belief, and Catholics' concerns) account for 67.4% of all individual women's comments and almost all of those comments opposed the contraception mandate. Interestingly, many of these comments also rarely focused on the ways in which the contraception mandate could be considered a women's issue. Instead, these commenters argued that the contraception mandate violated their individual rights to religious freedom and they suggested the departments should broaden the "religious employers" category. For example, a relatively typical comment from the "violates religious freedom" category stated:

> I do not support implementing Obamacare. I am opposed to it on religious and moral grounds. I also believe in personal freedom and am opposed to being forced to pay for national healthcare. I also believe that the recent proposed changes to favor religious institutions do not go far enough, and should extend to religious individuals and business owners opposed to offering morally objectionable services, not just houses of worship.

Many of the other topics related to religious freedom provided slight variation on these issues. The "individual religious freedom" comments also opposed the mandate and felt it violated their religious freedom and they strongly emphasized the fact that the government could not take away their individual, constitutionally guaranteed rights to religious freedom. The "abortion is immoral" comments made it clear that commenters felt the contraception mandate violates their rights to religious freedom because it would force them to pay for forms of contraception that they believe cause abortions, and therefore murder. For example, one commenter states:

> I am against any thing to do with our tax dollars going towards contraceptives, and especially abortions. This is murder. I would like to add that I am against my money going towards homosexual issues as well. I feel this is

> wrong according to God. As an American, I have a right not to participate in this, if I chose not to. And I chose not. Please respect my choice.

The "religious beliefs" category used very explicit references to individuals' deeply held religious beliefs to express their opposition to the contraception mandate and the need for religious freedom protections. For example, one commenter said:

> I oppose your new HHS law it is just unbelievable that you would pass such a law. You need to stop and think that a fetus is a living thing. How can you accept to kill all these unborn children. Soon we will end society as a whole. Then what will you do? Who will vote for you. Think and Think hard. Nothing in this earth goes without the Lord's Judgment. I wouldn't want to be in your shoes or any of your friends in Washington when Judgement Day comes.

Lastly, the "Catholics" comments focused explicitly on the ways that the contraception mandate violated their beliefs as Catholics, their support for the US Conference of Catholic Bishops, and the need for broader exemptions to the mandate that would also include Catholic-affiliated institutions of higher education, hospitals, charities, and for-profit businesses.

References to women's concerns were also generally absent from the comments in all five of the religious freedom categories, giving the sense that many individual women responded to the contraception mandate based on their conservative, religious identifications, and they prioritized concerns about their individual rights to religious freedom over concerns about how improved access to contraception could benefit women. In the rare instances when these comments explicitly referred to women and their concerns, they also usually focused on women's roles as carriers of babies or on women's need for higher levels of self-control. In contrast, 57 out of 66 women's organizations' comments generally supported the contraception mandate and argued for relatively narrow religious exemptions and accommodations to provide cost-free contraception to the largest number of women possible. Their comments argued that increased access to contraception would improve women's health, help them plan their pregnancies, and reduce inequalities between women and men in terms of healthcare costs. Thus, women's organizations focused on the benefits of contraception for women, while individual women's religious freedom comments often implied that

the contraception mandate raised concerns about their identities and the protections they were guaranteed as religious citizens, not their concerns about women's equality relative to men.

<Insert Figure 2 and Table 5 here>

Examining the LDA topics, top words, and the documents that best fit each topic also revealed that only two topics, which accounted for 20.8% of individual women's comments, explicitly raised concerns about contraception as a women's issue. The first topic, "birth control coverage," contained 273 documents that frequently suggested that birth control could benefit women, but examining the comments in greater detail revealed that individual women were split on the question about who should pay for contraception. Roughly half of the comments suggested that employers should provide birth control coverage for all women, particular since many employers cover erectile dysfunction drugs, such as Viagra, for men. The other half of the commenters felt that sexually active women should take personal responsibility for providing their own contraception. For example, one commenter states, "I do not believe it is my responsibility to pay for everyone's birth control. If they are sexually active, they should be responsible enough to take care of their own birth control." Thus, like the religious freedom topics, many of these comments from individual women inserted a conservative-leaning personal responsibility focus into the ways they discussed women's interests in contraception. Unlike women's organizations' comments, these comments usually ignored the fact that many women who wished to use contraception responsibly were unable to because they could not afford it and they implied that if low-income women could not afford contraception, their only responsible choice would be to abstain from sex altogether.

The second topic that explicitly focused on women, "birth control risks," contained 75 documents and these comments argued that the contraception mandate did not serve women's interests because contraception use is risky for women and cannot be considered a healthy form of preventative care. Many of these comments argued that birth control has been linked to strokes,

blood clots, cancer, infertility, and/or miscarriages and promoted church-approved "natural" family planning methods (such as the rhythm method or periods of abstinence) that do not rely on artificial hormones instead. Many of these comments combined their concerns about women's health with conservative arguments about violations of religious freedom, and arguments that suggest that feminists in favor of increased access to contraception do not really care about women's health. For example, one commenter concluded her comment by stating, "If this is the best modern medicine will do for women, what have we really gained with the feminist movement?" Thus, these comments used arguments about the dangerous of birth control that feminists initially raised in the 1960s and 1970s about the dangerous side effects of early high-dose birth control pills and intrauterine devices (IUD's), to argue that modern, low-dose forms of contraception are dangerous for women as well. Women's organizations generally did not directly address these risks, but they did argue that since not all forms of birth control work for all women, the contraception mandate should cover the entire range of FDA approved contraceptives.

References to Subsets of Women

As previously mentioned, women's organizations were significantly more likely to focus on and refer to women in universal terms and to subsets of women than were individual women. Since the LDA analysis reveals that many individual women were more focused on issues of religious freedom than about the benefits of contraception for women, it is not surprising that women's organizations were more likely than individual women to refer to women in their comments. While women's organizations were significantly more likely to refer to subsets of women, Table 2 shows that there was a smaller gap between individual women's references to women in universal terms and their references to subsets of women. Thus, compared to women's organizations, individual women's comments were less likely to make claims on behalf of all women at the expense of particular subsets of women.

Individual women and women's organizations both tended to prioritize references to women in terms of their relationships to others and their ages, but they often differed in the ways that they used those terms. While women's organizations primarily used relational terms to discuss the ways contraception could benefit mothers and their children, individual women used relational terms as a way to identify themselves and to imply that serving in women's traditional roles in the family qualified them to make political claims about contraception. For example, 82% of individual women's references to "mothers" were self-identifications, such as the ones below:

> As a Roman Catholic woman, wife, mother, and nurse, I opposed the mandate and declare it an attack on my religious freedom.
>
> As a mother of 2 daughters, grandmother of 3 grand daughters, 1 great granddaughter, I do not want to leave this world without doing ALL I can to protect their rights...civil, medical, right to privacy.
>
> I am a single mother of two children. I am a woman and I DO NOT agree with the HHS mandate
>
> As a mother of four and a working US citizen, I strongly oppose the abortion pill or any type of abortion being covered with tax payer monies.
>
> As a Legal American Citizen and Catholic mother of 2 daughters, I find it extremely offensive, as well as unconstitutional, to make it mandatory for employers who are of Christian/Catholic faith, to provide birth control to employees.

Individual women also frequently referred to their daughters or their roles as wives to reinforce the idea that their ability to make political claims about the contraception mandate derived from the fact that they served in women's traditional roles in the family. These self-identifications imply that women's organizations' focus on the benefits of contraception for women and their families and individual women's focus on their roles in the family may have had feedback effects on each other. When women's organizations focused on women in the family, individual women also made political claims based on that status. Similarly, women's organizations may have focused on the benefits of contraception for mothers and families because they knew that many individual women felt that those identifications were centrally important in their lives. Interestingly, as both individual women and women's organizations used these relational terms, they reshaped them to achieve their own goals, setting up an ideological conflict between liberal feminist organizations and

many conservative individual women regarding who truly served the interests of mothers and families. As a result, it is unsurprising that many of the individual women's references to mothers take on moralistic tone, suggesting that because they actually are mothers, they truly know how increased access to contraception will impact women and their families. Individual women, like women's organizations, also rarely included references to single or unmarried women and only two women identified in this way, suggesting that the strong focus on women and families in this debate made it difficult for women to make claims based on their identities when they served in non-traditional roles outside of the family. Ultimately, these references to women in relational terms also reveal that the long history of women and their advocates making political claims on the basis of their traditional roles in the family has been incredibly difficult for both individual women and women's organizations to move past, even though it potentially silences the increasing numbers of women who do not marry into traditional families.

Individual women, like women's organizations, also often referenced women in terms of their ages and focused on relatively young women, but they did it differently. While women's organizations focused on the need for increased access to contraception for "young women" and "college-age women" as a way to prevent unplanned pregnancies and abortions, individual women focused on "girls" and argued that "girls" needed protection from the dangers of contraception and/or abortion. For example, commenters argued that we need to protect "girls" from being aborted, from the negative feelings and regrets that come from having an abortion at a young age, and from the ways increased access to contraception could encourage the sexualization of girls at younger ages. Thus, individual women were less likely than women's organizations to see relatively young women as people with agency, a belief that they reinforced by referring to relatively young women as dependent "girls" instead of "young women."

Though women's organizations, particularly those that represented intersectionally disadvantaged women, made some references to women in terms of their races, ethnicities, or nationalities, references to women in these terms were almost completely absent from individual women's comments. The text search set of 1,708 comments only identified two references to women in terms of their races. One came from a commenter that identifier herself as a "rich, white woman" who claimed that access to birth control was extremely important to her and should be available to all women. The other came from a commenter who identified herself as "a Hispanic woman who totally opposes Obamacare." Overall the absence of references to women in terms of their races, ethnicities, or nationalities, is quite startling. It is possible that these references are relatively rare because the set of individual women contains few comments from women of color, but it is impossible to know because these comments come with very little identifying information. It is also possible that some women feel hesitant about identifying themselves in these ways. The lack of references to these women and women who self-identify in these terms further limits our ability to understand how women of color interacted with contraception and view the mandate.

Individual women, like women's organizations, also placed a moderate amount of attention to references to women in terms of the religions and socioeconomic statuses. Individual women and women's organizations also referred to women's religions in similar ways because both focused on Catholic women. Individual women's references to "Catholic women" also frequently included as self-identifications and most of those commenters opposed the proposed the contraception mandate and argued that it violated their religious beliefs. However, some individual women's comments also cited the large number of Catholic women who have used birth control at some point in their lives, though some of those citations were from Catholic women who claimed they regretted using birth control. Overall, the individual women's comments were more likely than the women's organizations' comments to focus on Catholic women's opposition to the contraception

mandate, but like the women's organizations comments, they included some references to Catholic women that indicated many of Catholic women also rely on and use contraception.

For the most part, when individual women discussed women's socioeconomic statuses, they focused on low-income women, just as women's organizations did. Both types of commenters also discussed low-income women in ways that indicated there were sharp ideological divides between women about access to contraception for economically disadvantaged women. Roughly half of individual women's references to low-income women suggested, like women's organizations did, that increased access to contraception would benefit these women by reducing the number of unplanned pregnancies and/or abortions. The other half of these comments opposed increased access to contraception for low-income women for three reasons. First, they argued that increasing access to contraception would not reduce births among low-income women because they believed that these women wanted to have more children so that they could receive more welfare benefits. Second, they argued that increased contraceptive coverage was unnecessary because low-income women could already access contraception through other programs such as Medicaid or through Planned Parenthood. Some of these conservative-leaning arguments may have been disingenuous since conservatives have generally not been supportive of Medicaid funding and/or Planned Parenthood. Lastly, one commenter argued that increased access to contraception for low-income women could serve eugenic functions. She stated:

> Similarly, there are known risks to any surgical procedure: to encourage surgical sterilization by providing it "free of charge" is to encourage all the risks of surgery and anesthesia which include problems under anesthesia, post-operative complications and infection, provision by the less qualified due to financial incentives, and subtle or not so subtle pressure on the young, poor and disadvantaged women to be sterilized. I find this outrageous and predict that African American and Hispanic young women will be the target of this virtually irreversible procedure making it (albeit, I hope, inadvertently) a form of eugenics.

Unsurprisingly, women's organizations tried to avoid connections to the problematic associations between contraception and eugenics by focusing on the ways that contraception could improve low-income women's health and give them more control over reproduction.

Another major difference between individual women and women's organizations was that individual women were more likely to refer to middle and upper class women. Three of their comments referenced these advantaged women. The first suggested that contraception should be available to all women regardless of their socioeconomic status. The other two were from middle class women who felt that the contraception mandate would unfairly force members of the middle class to pay for contraception for relatively disadvantaged women. Thus, the individual women's comments reveal class tensions among women that are largely missing from the women's organizations comments. It is possible that one reason women's organizations rarely referred to women in socioeconomic terms is that they wanted to avoid these class tensions and ideological debates between women of different socioeconomic statutes and/or political orientations.

Lastly, individual women, like women's organizations, paid very little attention to women's sexual orientations or gender identities. However, individual women used these references in extremely different ways than women's organizations did. When women's organizations referred to women using these terms, they focused on the unique concerns of lesbians and/or on concerns about how religious exemptions could impact LBGTQ individuals. When individual women used terms related to gender identity or sexuality, it was usually to link their opposition to the contraception mandate to their opposition to gay marriage. For example, one commenter stated: "I am all for health care, but please dont make Catholic organizations provide birth control, perform abortions, or support gay marriages." Another claimed, "I want to be able to not pay for other peoples birth control from my taxes and for my insurance. I am Prolife and I also want to repeal Roe Vs Wade. I am Not for Gay marriage either." Thus, individual women's references further underscored their higher levels of concern about religious issues relative to women's organizations. Once again, this lack of attention to women's sexualities and gender identities prevents us from fully understanding how these subsets of women approach contraception.

DISCUSSION

The contraception mandate is an example of a highly visible, controversial rulemaking that allowed electoral and majoritarian considerations to enter into the rulemaking process. Since the kinds of electoral and majoritarian pressures that do not ordinarily enter into the rulemaking process affected the contraception mandate debate, my results show that, as expected, women's organizations, other organizations, and individual women usually referred to women in universal terms, implying their comments reflected the perspectives of all women. These universal references to women served a strategic purpose because they allowed women and their advocates to appeal to supportive bureaucrats who were concerned with fending off challenges from Congress and courts, and to opposing MCs and legal challengers by providing them both with evidence that women's public opinion was on their side. As a result, women and their advocates who supported the contraception mandate successfully supported the agencies' rule that implemented the contraception mandate and extended contraceptive coverage for many American women and they highlighted the crucial importance of contraception for many American women. However, these universal references to women did not prevent the rule from being challenged in ways that broadened religious exemptions and limited the number of women who received contraception coverage at no cost. Implementing the contraception mandate also came at the cost of a focus on women in universal terms that obscured some of the more complex and nuanced ways particular subsets of women may approach the issue because women who fell outside of the traditional family, low-income women, and women of color were rarely considered.

As expected given the large number of references to women in universal terms, references to particular subsets of women and their concerns were also quite rare, and references to some subsets of women that could be framed in universal terms were more common than others. All three sets of commenters frequently referred to women in terms of their relationships to others, particularly to

their roles within the family and their ages. References to these subsets of women were popular because they allowed women and their advocates to achieve their strategic goals. Though terms used to refer to women in terms of their relationships to others and their ages refer to particular subsets of women, they could also be used to portray women in universal terms. Commenters who referred to women in terms of their ages often claimed that all women in a particular age group had a particular experience and that most, if not all women, would also have that experience at that some point in their lives. For instance, commenters often noted that 99% of women of reproductive age used contraception and implied that most women would use contraception at that part of their lives.

Conversely, references to women's identities that could not be easily reframed in universal terms as something that all women would experience at some point, such as references to their races, ethnicities, sexual orientations, gender identities, and to some degree, their socioeconomic statuses, were relatively rare. Bureaucrats likely found references to women within the family more appealing because they resonated with arguments about family planning that have been used to broaden the appeal of contraception and reduce the controversies surrounding it since the founding of Planned Parenthood in 1942. These arguments about family planning gained rhetorical power because they took more controversial ideas about sex and women's independence and empowerment off the table, and explicitly tied contraception to ideas about responsible, rational planning that would help improve family happiness and stability (Gordon 2007; May 2010). Thus, referring to women within traditional families provided bureaucrats with some cover from the controversial aspects of birth control by allowing them to highlight the ways that this policy benefitted traditional families. These family-focused arguments also resonated with bureaucrats because they had a broad, universal appeal, since many still assumed that most women would have a family at some point in their lives. Plus, the focus on women within the family fits in with a long history of women and their advocates making political claims based on their roles as mothers that

dates back to the early development of the welfare state in late 19th and early 20th centuries (Orloff 1996; Skocpol 1992).

While these arguments focused on women in the family helped birth control and contraception gain public acceptance and bureaucratic acceptance, they did so at the cost of erasing the voices and experiences of women, such as single women, who used birth control outside of the traditional family. Participants' prioritization of married women and mothers also problematically ignores the rising number of unmarried women in United States today (US Census Bureau 2012) and denies other women, such as LGBT women, that live outside of the traditional families that consist of a husband, wife, and children, the ability to make political claims based on those identities. Since women's organizations rarely mentioned single women, it is unsurprising that relatively few individual women felt comfortable making claims based on their status as single women. It is likely that women's organizations and individual women alike realized that making political claims on behalf of this group would be controversial because birth control advocates have long been critiqued for encouraging higher levels of promiscuity, breaking down of the family, and allowing "selfish" women to use birth control to avoid serving as wives and mothers (Gordon 2007; May 2010).

Individual women also had an incentive to avoid making political claims based on this aspect of their identities because they had evidence that those claims were likely to lead to personal attacks after Rush Limbaugh's high-profile slut shaming of Sandra Fluke, when he stated:

> What does it say about the college co-ed Susan Fluke [sic] who goes before a congressional committee and essentially says that she must be paid to have sex – what does that make her? It makes her a slut, right? It makes her a prostitute. She wants to be paid to have sex. She's having so much sex she can't afford the contraception. She wants you and me and the taxpayers to pay her to have sex (quoted in Murkinson 2012).

The attacks on Fluke were particularly troubling because they suggested even reasoned, relatively conservative arguments about providing young, unmarried women with access to birth control would lead to charges of that increased access to contraception would lead to promiscuity and irresponsible premarital sex. Though many women's organizations strongly denounced Limbaugh's

comments and used outrage over his comments to drive their fundraising efforts, it appears single women still felt hesitant to make claims on those terms and even reasonable attempts to focus on young, unmarried women were not worth the risk. After all, a large part of Fluke's comments to congressional Democrats focused on the fact that a 32-year-old friend of hers needed contraception to treat polycystic ovarian syndrome, not her desire to have premarital sex for fun (Fluke 2012).

This silencing of young, married women means that the debate was also unable to account for the broad array of contraceptive and non-contraceptive reasons women in this group might want greater access to contraception. Fluke's testimony and Elaine Tyler May's (2010) survey's on contraception use today suggest these women want access to birth control for reasons that go far beyond their desires to prevent unplanned pregnancies and plan their families. May (2010) found that the numbers of single and unmarried women taking birth control have been on the rise and that these women also take birth control to regulate their periods and address other medical issues. Many of these women even use birth control to skip their periods when they are "inconvenient," leading to many forms of contraception that have been marketed to women with on claims that they allow them skip these menstrual "inconveniences" (May 2010). This use of birth control was never discussed, which meant that women did not have the opportunity to critically examine why birth control pills, rather than structural accommodations that better address issues related to menstruation, were considered the best way to address inconvenient periods. May's (2010) surveys also found that many young, single women found that discussing their experiences with a broad range of contraceptives provided them with a way to bond with each other and to have more open, honest discussions about sex with their partners. Both of these potential benefits of contraception were not discussed because single women's experiences with contraception were largely ignored.

As Linda Gordon (2007), has shown, focusing on contraception within the family also limited women's abilities to raise critiques about divisions of power within the family or their

relationships. Thus, this family frame made it difficult for women to make claims that increased access to contraception would allow them to empower themselves relative to their husbands and/or to avoid forming a traditional family all together. It may have also denied women the opportunity to focus on the fact that increased access to contraception for women also problematically often places all of the responsibility, financial and otherwise, for contraception on women. May (2010) found that many women object to the idea that, since the Pill was developed, women have had to single-handedly shoulder these responsibilities. Focusing on happy families and partnerships makes it difficult for women to address the tensions that arise around this issue in relationships and the fact that the contraception mandate's focus on women would further solidify the idea that contraception is the woman's responsibility. The family focus also obscured the experiences of LGTBQ women who live outside of the traditional family and who may have unique experiences and concerns about the way the mandate further deepens the connection between access to contraception and the medical establishment. May (2010) found that these women have experienced unique pressures from the medical community to use birth control, even if they do not need it to avoid pregnancies. These pressures, combined with concerns about discrimination within the medical establishment may make some LGBTQ women hesitant to support a policy that could arguably increase doctors' oversight, authority, and policing of their bodies. Once again, the focus on the family made it difficult to raise and/or discuss these issues. Overall, the focus on mothers and families in this debate suggests that this long history of women's advocacy tied to women's roles in the family has been extremely difficult for women and their advocates to shake, even though it marginalizes and silences increasingly large subsets of women who do not serve in these traditional roles and who have their own unique experiences and concerns about contraception.

Although the contraception mandate was explicitly designed to broaden access to contraception to traditionally underserved groups of women, such as low-income women and

women of color, the comments also downplayed their experiences and concerns. It is likely one reason that women and their advocates avoided these issues is that they did not want to remind bureaucrats and/or members of the public of the long, uncomfortable history of arguments about contraception what were connected to eugenics and suggested birth control could help limit the number of so-called "unfit" poor people and people of color. These arguments reached their heyday in the early 20th century when Margaret Sanger's alliances with many eugenicists helped fuel the growing acceptance of birth control, and they lost much of their power after World War II and the rise of the Nazis. However, they have not disappeared entirely as low-income women and women of color were forcibly sterilized as recently as the 1970s, and they were coerced into using long-acting forms of contraception, such as Norplant, throughout the 1990s (May 2010; Roberts 1997). Currently, there is even a bill under debate in the Arkansas state legislature that would provide low-income, unmarried women with IUD's that would be implanted for five years. Sponsors of this legislation claim that reducing births among these irresponsible women will limit burdens on taxpayers (Marcotte 2015). It is likely that women, their advocates, and bureaucrats all avoided raising these issues because they did not want to be accused of focusing on low-income women because they specifically hoped to limit births within these group, particularly as some policymakers still continue to advocate for contraception for low-income women on these terms. Avoiding these issues makes it difficult to know how low-income women and women of color today actually feel about birth control given this complex and nuanced history. As with single women, many individual women in these groups resisted making political claims based on these identities making it difficult to understand how they feel about these issues today. Are they aware of this history and are they still concerned about it? Do they have concerns about interacting with a medical establishment given their troubled history with it? How do they balance concerns about these issues with desires to avoid unplanned pregnancies?

The references to intersectionality in the women's organizations comments also show that references to the needs and interests of particular subsets of women were not only rare, they were also relatively superficial. Most of these references simply cited statistics about particular subsets of women, such as their rates of unplanned pregnancies, their rates of abortions, and their rates of uninsurance. As a result, many of these references to subsets of women failed to provide a more in-depth nuanced examination of how these subsets of women felt about contraception and to examine how issues related to contraception might be quite complicated for some subsets of women, particularly single women, women of color, low-income women, and LGBTQ women. Early examinations of individual women's comments suggest that they also often failed to address the concerns of these subsets of women in an in-depth, nuanced way, as they were rarely mentioned in the comments and few individual women identified themselves in these ways. Thus, it is possible that these women were aware of how some of their identities are marginalized, so they avoided discussing their experiences or making political claims on those terms.

This project also specifically examined the role of women's organizations as compensatory representatives of women by comparing the ways they referred to women to the ways that other organizations and individual women referred to them. As expected, my results show that women's organizations played a very important representational role, referring to women and particular subsets of women more often that other organizations and individual women. However, the results also showed that women's organizations did not meet my expectation that they would focus on the concerns of particular subsets of women as a way of avoiding critiques that they only focus on relatively advantaged, white, heterosexual, middle- and upper-class women. Instead it appears women's organizations used references to women in universal terms to successfully lobby for the contraception mandate, but that success came at the cost of silencing some of the unique concerns of unmarried and LGBTQ women living outside of the traditional family and some of the more

complicated and more nuanced perspectives on contraception that may have risen out of the disturbing history that linked contraception to eugenic arguments about the need to reduce births among low-income women and women of color. Of course, it is still possible that these same organizations might address critiques about representational biases in other ways, perhaps by focusing on more on subsets of women when rulemakings are less visible and controversial.

Comparing women's organizations to individual women also suggests that there is a large gap between women's organizations and at least some women since women's organizations tended to focus on the benefits of contraception for women and their families, while individual women tended to prioritize their concerns about protecting their individual rights to religious freedom. Thus, the contraception mandate debate raises questions about how big the gaps between women's organizations and individual women were on this issue, and how common disconnects between women's organizations and individual women actually are in American politics more broadly. The rise of conservative women's organizations (Schreiber 2002) and increasing levels of polarization in American politics more broadly suggest that these divides might be common and increasing. However, it is more likely that women's organizations and individual women were not as starkly divided as the comments suggest because it is likely that the "individual women" who participated in this debate felt more threatened and more strongly about this issue than the average American woman. Recent polling data which shows that the public was almost evenly split on this issue (Saad 2012) and that 63 percent of Catholic women felt that employers should provide their employees with no-cost access to contraception (Miller 2015), both suggest that the individual women who commented were more likely to oppose the mandate, and perhaps to be connected to staunchly opposed Catholic organizations, than most American women. Consequently, future research should be conducted on a number of different policies, including less ideologically divisive controversial and less visible policies, to examine these issues in greater detail. Future research on these kinds of

policies could also examine whether references to women in universal terms would be less common and references to particular subsets of women would be more common when comments refer to less controversial, less visible policies.

CONCLUSIONS

The contraception mandate provides an example of a highly visible, controversial rulemaking that encouraged women and their advocates to describe women and in their interests in universal terms and as members of traditional families to win broad support for their policy proposals from bureaucrats, and by extension, MCs, the courts, and members of the public who could challenge the proposed rule. This focus on women and their families often obscured references to more controversial subsets of women such as unmarried women, women of color, low-income women, and LGBTQ women making it difficult to understand their unique experiences with contraception and the complicated ways these women may have approached the contraception issue. Women's organizations also visibly served as women's representatives during this debate, but this research raises questions about how effectively they represented some subsets of women and whether they would be more likely to represent particular subsets of women when rulemakings are less visible and controversial. Moving forward, future research should conduct similar analyses of references to women on different rules, with a particular focus on less visible, less controversial policies, to determine if removing the spotlight and higher levels of controversy might make it easier for women and their advocates to focus on the concerns of relatively disadvantaged and/or controversial subsets of women.

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APPENDIX A: WOMEN'S ORGANIZATIONS

American Association of University Women
American Congress of Obstetricians and Gynecologists
American Nurses Association
Black Women's Health Imperative
Center for Reproductive Rights
Coalition 1
Coalition 2
Coalition of Labor Union Women
Colorado Organization for Latina Opportunity and Reproductive Rights
Concerned Women for America
Connors Center for Women's Health and Gender Biology
Emory Law Students for Reproductive Justice
Feminist Women's Health Center
Fordham University's Women's Empowerment
Fordham Law Students for Reproductive Justice
Gender Impacts Policy
Georgetown Law Students for Reproductive Justice
Guttmacher Institute
Hadassah
Harvard Law Students for Reproductive Justice
Ibis Reproductive Health
In Strength I Stand (ISIS), Feminist Club at Fordham University
Law Students for Reproductive Justice at Indiana University Bloomington
League of Women Voters of New Mexico
Maine Women's Health Campaign
Maryland Women's Coalition for Healthcare Reform
Midwife Center for Birth and Women's Health
Montana Women Vote
National Asian Pacific American Women's Forum
National Center for Lesbian Rights
National Council of Catholic Women
National Council of Jewish Women
National Family Planning and Reproductive Health Association
National Latina Institute for Reproductive Health
National Partnership for Women and Families
National Women's Law Center
New York Alliance for Women's Health
New York University Law Students for Reproductive Justice
Planned Parenthood
Pregnancy Resource Center
Raising Women's Voices for the Healthcare We Need
Religious Coalition for Reproductive Choice
Silver Ribbon Campaign to Trust Women
Sisters of Mercy of the Americas
Susan B. Anthony List
Unitarian Universalist Association and the Unitarian Universalist Women's Federation
Ursuline Nuns of the Roman Union
Wisconsin Alliance for Women's Health
Women for Women of Our Lady
Women's Voices Raised for Social Justice

APPENDIX B: TEXT QUERY SEARCH TERMS

GENDER

- **Gender**

UNIVERSAL TERMS FOR WOMEN

- **Women** (“women,” “woman,” “women’s,” “womens,” “woman’s,” “womans”)
- **Females** (“female,” “females,” “female’s,” “females”’)

UNIVERSAL TERMS FOR MEN

- **Boys** ("boy," "boys," "boy's")
- **Males** (“male,” “males,” “male’s,” “males”’)
- **Men** (“women,” “woman,” “women’s,” “womens,” “woman’s,” “womans”)

CHILDREN AND FAMILIES TERMS

- **Babies** ("baby," "baby's," "babys," "babies")
- **Children** ("child," "child's," "childs," "children," "children's," "childrens")
- **Families** ("family," "families," "family's," "familys")
- **Fetuses** ("fetus," "fetuss," "fetus's," "fetuses")
- **Kids** (“kid,” “kid’s”, “kids,” “kids”’)

GENDER NEUTRAL BENEFICIARIES

- **Beneficiaries** ("beneficiary," "beneficiaries," "beneficiary's," "beneficiarys," "beneficiaries'")
- **Employees** ("employee," "employees," "employee's," "employees'")
- **Individuals** ("individual," "individuals," "individual's," "individuals'")
- **Participants** ("participant," "participants," "participant's," "participants',")
- **Students** ("student," "students," "student's," "students'")

AGE TERMS

- **Adolescent Girls** ("adolescent girls," "adolescent girl," "adolescent girl's," "adolescent girls'")
- **Adolescent Women** ("adolescent women," "adolescent woman," "adolescent women's," "adolescent woman's," "adolescent womens," "adolescent womans")
- **College Girls (**("college girl," "college girls," "college girl's," "college girls'")
- **College Women** ("college women," "college woman," "college women's," "college woman's," "college womens," "college womans")
- **College-Age Women** ("college-age women," "college-age woman," "college-age women's," "college-age woman's," "college-age womens," "college-age womans," "college age women," "college age woman," "college age women's," "college age woman's," "college age womens," "college age womans")
- **Girls** (“girl,” “girls,” “girl’s,” girls”’)
- **Menopausal Women** ("menopausal women," "menopausal woman," "menopausal women's," "menopausal woman's," "menopausal womens," "menopausal womans")
- **Teen Girls** ("teen girl" "teen girls" "teen girl's" "teen girls'"
- **Teenage Girls** ("teenage girl," "teenage girls," "teenage girl's," "teenage girls'")
- **Teen Women** ("teen women," "teen woman," "teen women's," "teen woman's," "teen womens," "teen womans")
- **Teenage Women** ("teenage women," "teenage woman," "teenage women's," "teenage woman's," "teenage womens," "teenage womans")
- **Women of Reproductive Age** ("women of reproductive age" "woman of reproductive age")
- **Young Girls** ("young girls," "young girl," "young girl's," "young girls'")
- **Young Women** ("young women," "young woman," "young women's," "young woman's," "young womens," "young womans,")

GENDER IDENTITY TERMS

- **Cisgender** (“cisgender”)
- **Gender Identity** (“gender identity”)
- **Intersex** (“intersex”)

- **Transgender** (“transgender”)
- **Transgender Men** ("transgender men," "transgender man," "transgender men's," "transgender mens," "transgender mans," "transgender man's")
- **Transgender Women** ("transgender women," "transgender woman," "transgender women's," "transgender womens," "transgender womans," "transgender woman's")
- **Transmen** (“transmen,” “transmens,” “transmen’s,” “transmens’,” “transman,” “transmans,” “transman’s,” “transmans”)
- **Transwomen** (“transwomen,” “transwomens,” “transwomen’s,” “transwomens’,” “transwoman,” “transwomans,” “transwoman’s,” “transwomans”)

RACE/ETHNICITY/NATIONALITY TERMS

- **African American Women** ("African American women," "African-American women," "African American woman," "African-American woman," "African American women's," "African American womens," "African-American womens," "African-American womens," "African American womans," "African-American womans")
- **Asian Women** ("Asian women," "Asian woman," "Asian women's," "Asian woman's," "Asian womens," "Asian womans")
- **Asian American Women** ("Asian American women," "Asian-American women," "Asian American woman," "Asian-American woman," "Asian American women's," "Asian American womens," "Asian-American womens," "Asian-American womens," "Asian American womans," "Asian-American womans")
- **Black Women** ("black women," "black woman," "black women's," "black woman's," "black womens," "black womans")
- **Hispanic Women** ("Hispanic women," "Hispanic woman," "Hispanic women's," "Hispanic woman's," "Hispanic womens," "Hispanic womans,")
- **Immigrant Women** ("immigrant women" "immigrant woman" "immigrant women's" "immigrant woman's" "immigrant womens" "immigrant womans")
- **Latina** (“latina,” “latinas,” “latina’s,” “latinas”)
- **Native American Women** ("Native American women," "Native-American women," "Native American woman," "Native-American woman," "Native American women's," "Native American womens," "Native-American womens," "Native-American womens," "Native American womans," "Native-American womans")
- **White Women** ("white women," "white woman," "white women's," "white woman's," "white womens," "white womans")
- **Women of Color** ("women of color," "woman of color," "women's of color," "woman's of color," "womens of color," "womans of color")

RELATIONAL TERMS

- **Daughters** ("daughter," "daughters," "daughter's")
- **Girlfriends** ("girlfriend," "girlfriends," "girlfriend's")
- **Married Women** ("married women," "married women's," "married womens," "married woman," "married womans," "married woman's")
- **Mothers** ("mother," "mother's," "mothers," "mom," "moms")
- **Pregnant Women** ("pregnant women," "pregnant women's," "pregnant womens," "pregnant woman," "pregnant womans," "pregnant woman's")
- **Single Women** ("single women," "single women's," "single womens," "single woman," "single womans," "single woman's")
- **Spouses** ("spouse," "spouses," "spouse's")
- **Unmarried Women** ("unmarried women," "unmarried women's," "unmarried womens," "unmarried woman," "unmarried womans," "unmarried woman's")
- **Wives** ("wife," "wifes," "wife's," "wives," "wive," "wive's")

RELIGIOUS TERMS

- **Catholic Women** ("Catholic women," "Catholic women's," "Catholic womens," "Catholic woman," "Catholic woman's," "Catholic womans")
- **Christian Women** ("Christian women," "Christian women's," "Christian womens" "Christian woman," "Christian woman's," "Christian womans")
- **Evangelical Women** ("Evangelical women," "Evangelical women's," "Evangelical womens," "Evangelical woman," "Evangelical woman's," "Evangelical womans")

- **Jewish Women** ("Jewish women," "Jewish women's," "Jewish womens," "Jewish woman," "Jewish woman's," "Jewish womans")
- **Muslim Women** ("Muslim women," "Muslim women's," "Muslim womens," "Muslim woman," "Muslim woman's," "Muslim womans")

SEXUAL ORIENTATION

- **Bisexual** ("bisexual," "bisexuals," "bisexual's" "bisexuals'," "bi-sexual," "bi-sexuals," "bi-sexual's" "bi-sexuals"")
- **Gay** ("gay," "gays," "gay's")
- **Gay Women** ("gay women," "gay woman," "gay women's," "gay woman's," "gay womens," "gay womans")
- **GLBT** ("GLBT")
- **Heterosexual** ("heterosexual," "heterosexuals" "heterosexual's," "heterosexuals"")
- **Heterosexual Women** ("heterosexual women," "heterosexual woman," "heterosexual women's," "heterosexual woman's," "heterosexual womens," "heterosexual womans")
- **Homosexual** ("homosexual," "homosexuals," "homosexual's," "homosexuals"")
- **Homosexual Women** ("homosexual women," "homosexual woman," "homosexual women's," "homosexual woman's," "homosexual womens," "homosexual womans")
- **Lesbians** ("lesbian," "lesbian's," "lesbians," "lesbians"")
- **LGBT** ("LGBT")
- **Queer** ("queer," "queers," "queer's," "queers"")
- **Sexual Orientation** ("sexual orientation")
- **Straight Women** ("straight women," "straight woman," "straight women's," "straight woman's," "straight womens," "straight womans")

SOCIOECONOMIC STATUS TERMS

- **Advantaged Women** ("advantaged women," "advantaged women's," "advantaged womens," "advantaged woman," "advantaged woman's," "advantaged womans")
- **Disadvantaged Women** ("disadvantaged women," "disadvantaged women's," "disadvantaged womens," "disadvantaged woman," "disadvantaged woman's," "disadvantaged womans")
- **Indigent Women** ("indigent women," "indigent women's," "indigent womens," "indigent woman," "indigent woman's," "indigent womans")
- **Low-Income Women** ("low-income women," "low-income women's," "low-income womens," "low-income woman," "low-income womans," "low-income woman's," "low income women," "low income women's," "low income womens," "low income woman," "low income womans," "low income woman's," "lower income women," "lower income women's," "lower income womens," "lower income woman," "lower income womans," "lower income woman's," "lower-income women," "lower-income women's," "lower-income womens," "lower-income woman," "lower-income womans," "lower-income woman's")
- **Middle Class Women** ("middle-class women," "middle-class women's," "middle-class womens," "middle-class woman," "middle-class womans," "middle-class woman's," "middle class women," "middle class women's," "middle class womens," "middle class," "middle class womans," "middle class woman's,"
- **Poor Women** ("poor women," "poor women's," "poor womens," "poor woman," "poor woman's," "poor womans")
- **Rich Women** ("rich women," "rich women's," "rich womens," "rich woman," "rich woman's," "rich womans")
- **Upper Class Women** ("upper-class women," "upper-class women's," "upper-class womens," "upper-class woman," "upper-class womans," "upper-class woman's," "upper class women," "upper class women's," "upper class womens," "upper class," "upper class womans," "upper class woman's")
- **Wealthy Women** ("wealthy women," "wealthy women's," "wealthy womens," "wealthy woman," "wealthy woman's," "wealthy womans")
- **Working Class Women** ("working-class women," "working-class women's," "working-class womens," "working-class woman," "working-class womans," "working-class woman's," "working class women," "working class women's," "working class womens," "working class," "working class womans," "working class woman's")
- **Working Women** ("working women," "working women's," "working womens," "working woman," "working woman's," "working womans")

APPENDIX C: STOP WORDS

"i"
"me"
"myself"
"we"
"our"
"ours"
"ourselves"
"you"
"your"
"yours"
"yourself"
"yourselves"
"he"
"him"
"his"
"himself"
"she"
"her"
"hers"
"herself"
"it"
"its"
"itself"
"they"
"them"
"their"
"theirs"
"themselves"
"what"
"which"
"who"
"whom"
"this"
"that"
"these"
"those"
"am"
"is"
"are"
"was"
"were"
"be"
"been"
"being"
"have"
"has"
"had"
"having"
"do"
"does"
"did"
"doing"
"would"
"should"
"could"
"ought"
"i'm"
"you're"
"he's"
"she's"
"it's"
"we're"
"they're"
"i've"
"you've"
"we've"
"they've"
"i'd"
"you'd"
"he'd"
"she'd"
"we'd"
"they'd"
"i'll"
"you'll"
"he'll"
"she'll"
"we'll"
"they'll"
"isn't"
"aren't"
"wasn't"
"weren't"
"hasn't"
"haven't"
"hadn't"
"doesn't"
"don't"
"didn't"
"won't"
"wouldn't"
"shan't"
"shouldn't"
"can't"
"cannot"
"couldn't"
"mustn't"
"let's"
"that's"
"who's"
"what's"
"here's"
"there's"
"when's"
"where's"
"why's"
"how's"
"a"
"an"
"the"
"and"
"but"
"if"
"but"
"or"
"because"
"as"
"until"
"while"
"of"
"at"
"by"
"for"
"with"
"about"
"between"
"into"
"through"
"during"
"before"
"after"
"above"
"below"
"to"
"from"
"up"
"down"
"in"
"out"
"on"
"off"
"over"
"under"
"again"
"further"
"then"
"once"
"here"
"there"
"when"
"where"
"why"
"how"
"all"
"any"
"both"
"each"
"few"
"more"
"most"
"other"
"some"
"such"
"nor"
"not"
"only"
"own"
"same"
"so"
"than"
"too"
"very"

Table 1: Overview of Comments on the Contraception Mandate

Type of Commenter	Number of Comments
Organizations	255
Women's Organizations	66
Individual Citizens*	22,926
Individual women	1,708
Individual Men	1,440
Form Letters	448,901
Total	**472,082**

*Note 19,778 ordinary citizen comments could not be identified as women or men based on the commenters' names and/or self-identifications.

Figure 1: LDA Fit Statistics

Figure 1a: Perplexity

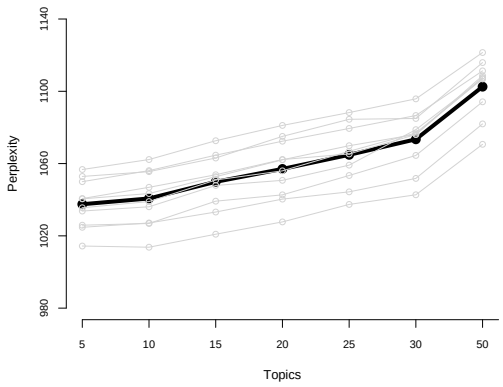

Figure 1b: Log Likelihood

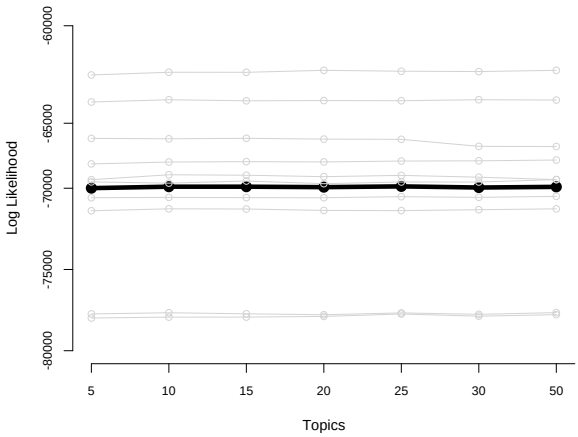

Table 2: Text Search References to Women by All Organizations, Women's Organizations, and Individual Women (Average Number of Mentions Per Comment)

Term	All Organizations	Women's Organizations	All Other Organizations	Individual women
GENDER	**0.271**	**0.606**	**0.153***	**0.004***
WOMEN IN UNIVERSAL TERMS	**11.506**	**27.439**	**5.942*****	**0.733*****
Women	11.282	26.924	5.820***	0.686***
Females	0.224	0.515	0.122**	0.047**
MEN IN UNIVERSAL TERMS	**0.694**	**1.121**	**0.545**	**0.093***
Boys	0.000	0.000	0.000	0.005**
Male	0.137	0.409	0.042	0.012
Men	0.557	0.712	0.503	0.075*
GENDER NEUTRAL TERMS	**17.780**	**24.712**	**15.360****	**0.520*****
Beneficiaries	2.702	5.015	1.894**	0.001***
Employees	6.278	6.455	6.217	0.193***
Individuals	4.059	4.485	4.485	0.280***
Participants	2.251	4.333	1.524**	0.003***
Students	2.490	4.424	1.815***	0.043***
CHILDREN AND FAMILY TERMS	**1.765**	**6.485**	**2.169**	**0.376****
Babies	0.161	0.364	0.090	0.066
Children	1.059	1.803	0.799	0.210
Families	0.506	4.212	1.265**	0.087***
Fetuses	0.039	0.106	0.016	0.005
Kids	0.000	0.000	0.000	0.008***
SUBSETS OF WOMEN	**1.125**	**2.667**	**0.593****	**0.232*****
AGE TERMS	**0.212**	**0.485**	**0.122****	**0.043*****
Adolescent Girls	0.000	0.000	0.000	0.000
Adolescent Women	0.000	0.000	0.000	0.000
College Girls	0.000	0.000	0.000	0.000
College Women	0.000	0.000	0.000	0.000
College-Age Women	0.008	0.030	0.000	0.001
Girls	0.063	0.167	0.026**	0.023**
Menopausal Women	0.000	0.000	0.000	0.000
Teen Girls	0.000	0.000	0.000	0.000
Teenage Girls	0.000	0.000	0.000	0.000
Teen Women	0.000	0.000	0.000	0.000
Teenage Women	0.004	0.000	0.005	0.000
Women of Reproductive Age	0.071	0.106	0.001	0.001
Young Women	0.063	0.182	0.021	0.013
Young Girls	0.004	0.000	0.005	0.004**
GENDER IDENTITY TERMS	**0.031**	**0.106**	**0.005****	**0.003****
Cisgender	0.000	0.000	0.000	0.000
Gender Identity	0.020	0.061	0.005*	0.001
Intersex	0.000	0.000	0.000	0.000
Transgender	0.012	0.045	0.000	0.002
Transgender Men	0.000	0.000	0.000	0.000
Transgender Women	0.000	0.000	0.000	0.000

Transmen	0.000	0.000	0.000	0.000
Transwomen	0.000	0.000	0.000	0.000
RACE/ETHNICITY/NATIONALITY TERMS	**0.212**	**0.621**	**0.069**	**0.001***
African American Women	0.008	0.000	0.011	0.000
Asian Women	0.004	0.000	0.005	0.000
Asian American Women	0.004	0.000	0.005	0.000
Black Women	0.059	0.227	0.000	0.000
Hispanic Women	0.000	0.000	0.000	0.001
Immigrant Women	0.000	0.000	0.000	0.000
Latina Women	0.102	0.364	0.011	0.000
Native American Women	0.000	0.000	0.000	0.000
White Women	0.008	0.000	0.011	0.001
Women of Color	0.027	0.030	0.026	0.000
RELATIONAL TERMS	**0.341**	**0.652**	**0.233**	**0.133**
Daughters	0.047	0.000	0.048	0.025***
Girlfriends	0.000	0.000	0.000	0.000
Married Women	0.000	0.000	0.000	0.002*
Mothers	0.165	0.379	0.090	0.086
Pregnant Women	0.031	0.061	0.021	0.002
Single Women	0.008	0.000	0.008	0.001
Spouses	0.027	0.045	0.021	0.000
Unmarried Women	0.043	0.167	0.000	0.001
Wives	0.020	0.000	0.026**	0.017***
RELIGIOUS TERMS	**0.114**	**0.303**	**0.048****	**0.036*****
Catholic Women	0.067	0.136	0.042	0.033*
Christian Women	0.000	0.000	0.000	0.002**
Evangelical Women	0.000	0.000	0.000	0.000
Jewish Women	0.047	0.167	0.005**	0.000**
Muslim Women	0.000	0.000	0.000	0.001
SEXUAL ORIENTATION TERMS	**0.063**	**0.212**	**0.011**	**0.008**
Bisexual	0.004	0.015	0.000	0.001
Gay	0.004	0.015	0.000	0.004
Gay Women	0.000	0.000	0.000	0.000
GLBT	0.000	0.000	0.000	0.000
Heterosexual	0.000	0.000	0.000	0.000
Heterosexual Women	0.000	0.000	0.000	0.000
Homosexual	0.000	0.000	0.000	0.001
Homosexual Women	0.000	0.000	0.000	0.000
Lesbians	0.027	0.106	0.000	0.001
LGBT	0.000	0.000	0.000	0.001
Queer	0.000	0.000	0.000	0.000
Sexual Orientation	0.027	0.076	0.011*	0.001**
Straight Women	0.000	0.000	0.000	0.000
SOCIOECONOMIC STATUS TERMS	**0.153**	**0.288**	**0.106**	**0.008****
Advantaged Women	0.000	0.000	0.000	0.000
Disadvantaged Women	0.004	0.000	0.005	0.001
Indigent Women	0.004	0.015	0.000	0.000
Low-Income Women	0.110	0.182	0.085	0.004

Middle Class Women	0.000	0.000	0.000	0.001
Poor Women	0.027	0.061	0.016	0.001
Rich Women	0.000	0.000	0.000	0.000
Upper Class Women	0.000	0.000	0.000	0.001
Wealthy Women	0.000	0.000	0.000	0.000
Working Women	0.008	0.030	0.000	0.001
Working Class Women	0.000	0.000	0.000	0.000

Notes: ***p≤0.01, **p≤0.05, *p≤0.10; Significance tests indicate whether the differences between "Other Organizations" and " individual women" were significantly different from "Women's Organizations."

Table 3: Intersectionality References by Women's Organizations

Type of Argument	**Number of Paragraphs (% of all Subset References)**
Superficially Intersectional	130 (97.5%)
Deeply Intersectional	2 (2.5%)
Total	**132 (100%)**

Table 4: References to Subsets of Women by Women's Organizations

Term	**Number of Paragraphs (% of all Subset References)**
Age Terms	46 (34.8%)
Gender Identity Terms	6 (4.5%)
Medical Conditions Terms	9 (6.6%)
Race/Ethnicity/Nationality Terms	17 (12.8%)
Relational Terms	52 (39.4%)
Religious Terms	18 (13.6%)
Sexual Orientation Terms	9 (6.8%)
Socioeconomic Status Terms	33 (25.0%)
Total	**132 (100%)**

Figure 2: Frequency of Latent Topics in Individual women's Comments

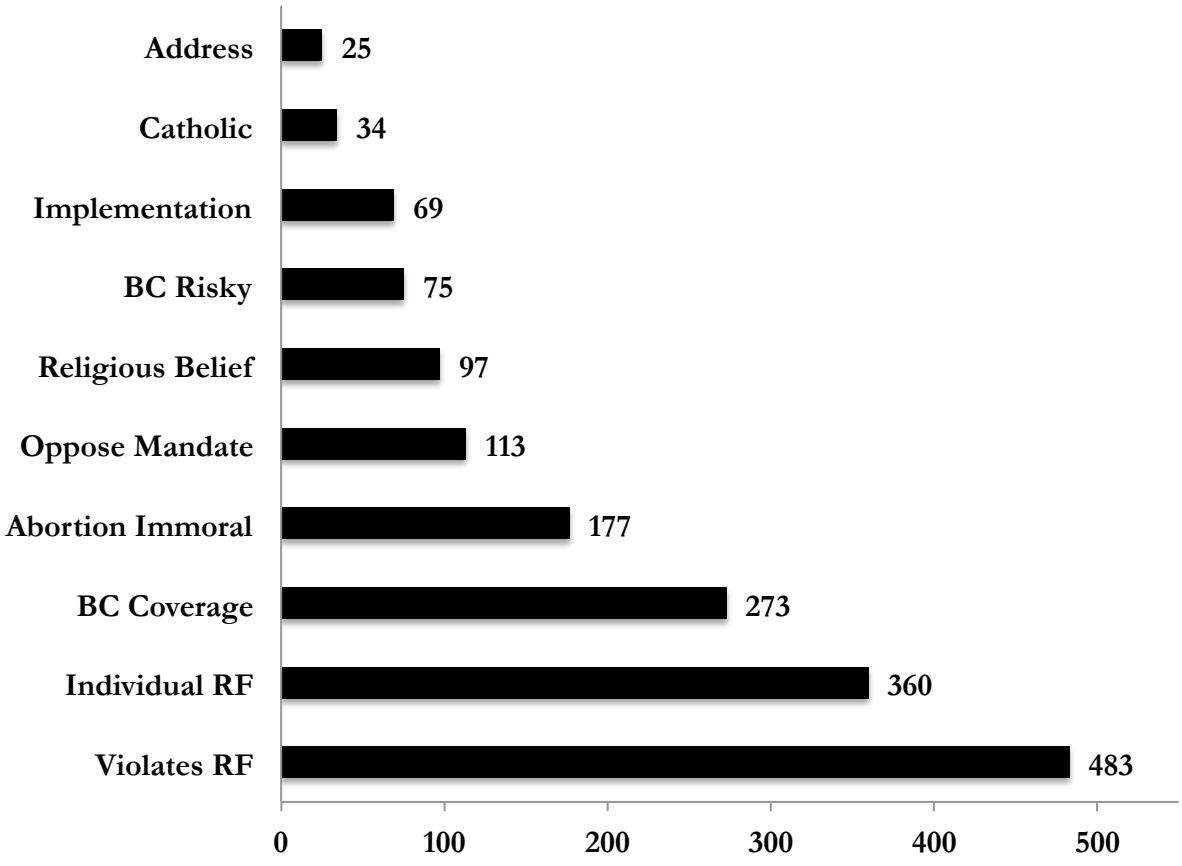

Table 5: LDA Analysis of Individual Women's Comments Topics and Top Words

Violates Religious Freedom (483)	Individual Religious Freedom (360)	Birth Control Coverage (273)	Abortion Immoral (177)	Oppose Mandate (113)	Religious Belief (97)	Birth Control Risks (75)	Implementation (69)	Catholic (34)	Address (25)
religi	right	control	abort	mandat	god	women	care	cathol	dear
mandat	freedom	birth	life	hhs	will	contracept	servic	church	sebelius
forc	religi	women	pay	oppos	countri	prevent	health	hospit	secretari
provid	govern	woman	against	pleas	know	pregnanc	coverag	teach	human
contracept	constitut	care	forc	thank	peopl	woman	afford	work	servic
violat	religion	pay	want	sincer	now	health	act	school	kathleen
conscienc	liberti	want	believ	american	like	diseas	contracept	faith	washington
hhs	state	health	human	obama	time	pill	propos	year	attent
freedom	countri	make	tax	freedom	can	bodi	prevent	mother	depart
against	peopl	can	pleas	respect	christian	caus	rule	state	comment
moral	citizen	need	thank	strong	think	cancer	religi	will	general
belief	mandat	employ	kill	administr	let	use	organ	roman	sincer
busi	belief	choic	care	latest	love	children	certain	nurs	sir
insur	american	will	wrong	presid	want	effect	access	bishop	health
requir	protect	peopl	support	may	dont	mani	plan	issu	public
organ	unit	free	babi	version	see	harm	exempt	mani	box
abort	found	insur	murder	mari	ask	promot	provid	presid	madam
right	conscienc	work	use	religi	make	abort	depart	serv	demand
servic	america	person	take	protect	bless	increas	accommod	chariti	medicaid
individu	faith	issu	god	dear	good	medic	without	institut	honor